COUNTY BOROUGH OF BOLTON

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR ENDED

31st December, 1961

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023

HEALTH COMMITTEE, 1961-62

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Personal Services
Baths and Ambulance
Insanitary Areas and Premises
Provision of Dustbins
Appointment of Staff
Smoke Control Areas—Financial Assistance
National Assistance Act, 1948. (Section 47)
Slum Clearance
Appointment of School Medical and Dental Staff
Compensation for Trade Disturbance

INTRODUCTION

The year 1961 showed two particularly significant features—a substantial reduction in baby deaths and an improvement in atmospheric pollution.

There were 52 deaths of babies under one year of age giving an infant mortality rate of 19.4 per thousand compared with 27 per thousand the previous year and 21.4 for England and Wales. The Bolton figure is most remarkable, the infant mortality rate having for the first time in this town fallen below 20 per thousand. What a contrast with earlier times! For example, in 1900 the rate was 171 and even in 1930 it was 71. In the future, as in the past, fluctuations are likely from year to year and it is probable that the next few years will not show rates as low as 1961.

In 1961 the average results at our nine testing stations showed a 16 per cent reduction in smoke (solid material), and a 17 per cent reduction in acid sulphur products (sulphur dioxide) compared with 1958. This is indeed most encouraging showing that already Bolton's clean air programme is having an effect. Some of the change is due to improvements in industrial premises on which officers of the department have spent much time and effort and some to less domestic smoke. It is particularly gratifying to find less sulphur dioxide. Until recently many cast doubts on the likelihood of smoke control areas reducing pollution by sulphur compounds and some have implied that pollution by sulphur might be increased. A recent note from the Warren Springs Laboratory of the Department of Scientific and Industrial Research clearly shows that this is incorrect. It points out that coke is the usual fuel used to replace coal in smoke control areas. The burning of fifteen to sixteen hundredweights of coke produces the same amount of comfort as one ton of coal and as the same amount of sulphur is contained in both coke and coal the change gives a reduction of 25 per cent in the amount of sulphur dioxide resulting. This will be accentuated by many households replacing open coal fires by electricity, gas and oil. As Bolton's clean air programme continues considerable improvement is likely, although because of variations in the weather there may not be an improvement in each successive year.

At the beginning of the year there was an extensive epidemic of influenza due to virus 'A'. Although most of those affected were only ill for a few days, in many older people the infection was severe and there was a large number of deaths. At the end of the year an epidemic of virus 'B' infection was beginning.

Although there were marked reductions in the uptake of welfare foods, no cases of vitamin deficiency were discovered among Bolton children. It would seem that babies are receiving adequate vitamins in their ordinary diet, from welfare food and proprietary sources.

A recently revised edition of a Medical Reaserch Council Memorandum on "The Sterilisation, Use and Care of Syringes", shows that there is abundant evidence for syringe transmitted infection. The report points out that a central syringe service offers the highest degree of safety because it makes use of a special organisation, trained workers, etc., and that disposable syringes and needles which are issued as sterile by their makers and must be used only once may also be suitable for general use. The report indicates that a fresh sterile syringe as well as needle should be used for each injection. The Bolton and District Hospital Management Committee is intending to establish a central syringe service in 1962 and it is hoped that they will be able to provide at cost sterile syringes and needles for the use of the Health Department. The helpfulness of the Committee and its officers in this matter is much appreciated.

The importance of cigarette smoking as a cause of lung cancer has recently received publicity from the Report of the Royal College of Physicians. The Health Department has again placed the facts on this subject before the public. The co-operation of the Education Department and school teachers continues to be most useful.

The new arrangements for testing for deafness only those young babies "at risk", i.e. where there is some special indication, as opposed to attempting to test all babies, have been an improvement, reducing the amount of work yet ensuring that a test is carried out wherever necessary.

The increase in domiciliary midwifery noted last year continues. Fortunately it has been possible to engage more midwives with resultant improved conditions and adequate 'off-duty'. On the other hand, our staffing difficulties with regard to health visitors have become even greater although everything possible has been done to improve recruitment. A considerable help has been the provision of essential user car allowances for six health visitors working in outlying parts of the town.

Last year we had twenty-five cases of poliomyelitis. In spite of this, the response to poliomyelitis vaccination is not as good as it should be particularly among adults. In view of the possibility of further outbreaks of this most serious infection it is most important that all those for whom poliomyelitis vaccine is available should be vaccinated. Vaccination is now very easy—no injections—simply swallowing the vaccine in a lump of sugar or syrup.

Our programme of immunising children against tetanus using triple antigen, (diphtheria, whooping cough, tetanus) continues. Unfortunately the personal record card, which the health visitor gives to mothers of newly-born babies and which should contain a record of all immunisations the child

has received, is not working satisfactorily. Very rarely does the mother take the card to the Infirmary when a child has an accident and therefore the doctors at the Infirmary, not being able to ascertain the child's immunisation state, have frequently to give anti-tetanic serum which carries some risk of producing rashes, joint pains and general upset. The problem of making the information about the child's immunisation state available to the staff at the Infirmary is being discussed and it is hoped that some better arrangement can be reached, for example, by sending periodically to the Infirmary, information about the immunisation state of children for whom we have records. Children who are adequately immunised against tetanus will not then require anti-tetanic serum.

With the increase in the number of old people, the Home Help Service was again fully extended. It is very likely that soon I shall have to recommend that further home helps be engaged. The service is a vital one and ensures that many old people who would otherwise have to be admitted to hospital or institutions are able to remain at home.

The Mental Health Service has worked smoothly with the Junior and Adult Training Centres at Cotton Street fulfilling a most useful purpose. It is hoped that the building of the hostel for fifty mentally disturbed old people will begin early next year and that in the next year or two afterwards the two other hostels for younger males and females will be built. A most interesting feature of the working of the new Mental Health Act, 1959, is that there has been an increase in the number of compulsory admissions to hospital. This is partly due to a general rise of admissions and also to less reluctance on the part of relatives to allow patients to go to hospital as these patients who are admitted compulsorily are not now "certified".

The yearly reduction in the number of cases of tuberculosis has not been maintained, the figure increasing from 60 in 1960 to 82 last year. Some of this was due to the Mass Miniature X-ray Survey finding more cases of tuberculosis among young males. Although now much more easily treated than before, tuberculosis remains an important disease from the public health point of view.

As Dr. Silver's report shows, there has been an increase in the number of venereal disease cases attending the clinic in Bolton. The increases correspond to those shown throughout the country and indicate that, as he says, " . . . the biggest population at risk as far as venereal disease is concerned is in the 14 – 21 age group. Perhaps the most disquieting thing about the increase in this age group is that practically none of these patients has any idea of what venereal disease is and what its consequences may be. It would appear that there is a need for publicity on the subject of venereal disease directed at this group."

The Public Health Inspectors with fewer staff had a very busy year. Both the extensive programmes of slum clearance and clean air continued and some very important work was done in connection with industrial pollution. It is pleasing to record that no objections were received to the very large Heaton smoke control area. The Housing Act, 1961, gave local authorities better powers to control houses-let-in-lodgings and will improve the living conditions of those who inhabit this type of property.

As usual, the report of the Borough Analyst is full of interest. This will be Mr. Morris's last report as he retires in July, 1962. Mr. Morris worked as a Chemist in the Borough Analyst's department in Bolton from January 1913 to April 1929 and later returned as Borough Analyst in October 1948. He has been a most competent officer and his impeccable work has undoubtedly contributed greatly to the excellent standards of food control maintained in Bolton. I should like to thank him most sincerely for the great help he has been to me during the time I have been here.

During the year the Committee considered a report on the desirability of building a large central swimming pool. This will receive further consideration when the area behind the Civic Centre is being redesigned.

I should like to thank the staff for their excellent co-operation and loyalty.

In conclusion, I wish to express my most sincere thanks to the Chairman and members of the Committee and to the members of the Council for their interest in the work and helpfulness during the year.

A. Ross.

Medical Officer of Health

TABLE OF CONTENTS

PART III

PART IV

PART V

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

at 31st December, 1961

MEDICAL STAFF

Medical Officer of Health	A. I. Ross, M.D., D.P.H.
Deputy Medical Officer of Health ..	I. S. Macdonald, M.D., D.P.H., D.R.C.O.G.
Assistant Medical Officers of Health and School Medical Officers..	Mavis J. Allanson, M.B., Ch.B., D.R.C.O.G. (Part-time)
	Dorothy Carlile, M.B., Ch.B.
	G. C. Galea, M.D., D.R.C.O.G., B.Sc., Ph.Ch.
	A. Hargreaves, M.B., Ch.B.
	Eve M. Mawdsley, M.B., Ch.B., D.C.H.
	Sylvia J. A. Raymond, M.B., Ch.B., D.C.H. (Commenced 10.7.61)
	Audrey Seddon, M.B., Ch.B., D.R.C.O.G. (Part-time)

NURSING STAFF

Superintendent Nursing Officer ..	Miss E. M. Richardson, S.R.N., S.C.M., H.V. and Q.N. Certs., D.N., (Lond.)
Deputy Superintendent Health Visitor	Miss A. M. Fraser, S.R.N., S.C.M., H.V.Cert.

HOME NURSING

Superintendent	Miss C. M. Ratcliffe, S.R.N., S.C.M., H.V.Cert.
Deputy Superintendent	Mrs. E. Wilson, S.R.N.

MIDWIFERY

Non-Medical Supervisor	Miss C. M. Ratcliffe, S.R.N., S.C.M., H.V.Cert.
Assistant Non-Medical Supervisor ..	Mrs. M. E. L. Gooddy, S.R.N., S.C.M. (Resigned 24.9.61)

DAY NURSERIES

Supervisor	Miss L. W. Booth, R.S.C.N., S.C.M., H.V.Cert.

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	T. Williams, F.R.S.H., M.R.Inst.P.H.H. M.A.P.H.I.
Deputy Chief Public Health Inspector	N. Ryce, M.R.S.H., M.A.P.H.I.

CLERICAL STAFF

Chief Administrative Assistant ..	W. Greenhalgh
Administrative Assistant	W. W. Markland

MENTAL HEALTH SERVICE

Chief Mental Health Officer	R. A. Johnson
Supervisor—Junior Training Centre	Miss E. Dobbin, Dip.N.A.M.H.
Supervisor—Adult Training Centre ..	L. Lofthouse, R.N.M.D.

HOME HELP SERVICE

Home Help Organiser	Mrs. W. Barber (Resigned 30.6.61))
	Miss O. Brindle (Commenced 2.8.61)

AMBULANCE SERVICE

Superintendent	H. Baber

ANALYST

Borough Analyst	F. Morris, A.M.C.T., F.R.I.C.

BATHS AND WASHHOUSES

Superintendent		A. Markham, M.N.A.B.S.
Managers	Bridgeman Street Baths	A. Markham
	High Street Baths	
	Moss Street Baths & Washhouse ..	T. Taylor
	Hennon Street Slipper Baths ..	
	Rothwell Street Washhouse	A. L. Duckworth
	Turkish Baths	W. Burns (Retired 6.2.61)
		P. F. Casterton (Commenced 7.2.61)

PART I

STATISTICAL INFORMATION

Summary of Statistics

Births

Deaths

Infant Mortality

Deaths from Cancer

SUMMARY OF STATISTICS, 1961

COUNTY BOROUGH OF BOLTON

Position	Lat. 53° 35′ N. Long. 2° 27′ W.
Elevation above sea level	230 ft. to 1,450 ft.
Geological Formation	Boulder Clay and Sand over Coal Measures
Rainfall (Av. 1887-1961, 44.935″)	52.76″
Area in Acres (Land and Inland Water)	15,279
Population (Census 1921)	178,683
„ (Census 1931)	177,250
„ (Census 1951)	167,162
„ (Census 1961)	160,740
New permanent houses, including flats, certified	320
Existing buildings altered to provide dwelling accommodation ...	3
Estimated number of houses and flats in the Borough...	57,319
Rateable Value at 1st April, 1961	£2,058,321
Rate at 1d. in the £ estimated to produce (1961-62)	£8,000
Live Births	2,675
Live birth rate per 1,000 population	16.6
Stillbirths	48
Stillbirth rate per 1,000 live and stillbirths	17.6
Total live and stillbirths	2,723
Infant Deaths	52
Infant mortality rate per 1,000 live births—total	19.4
Infant mortality rate per 1,000 live births—legitimate	20.3
Infant mortality rate per 1,000 live births—illegitimate	6.1
Neo Natal mortality rate per 1,000 live births	11.6
Illegitimate live births per cent of total live births	6.09
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and stillbirths	Nil
Deaths	2,267
*Death Rate (Corrected)	15.3
*Average Death Rate (1952-1961)	14.04
*Heart and Circulation Death Rate	7.05
*Cancer Death Rate	2.23
*Death Rate from diseases of the Respiratory System	2.28
*Pulmonary Tuberculosis Death Rate	.09
Diarrhoea Death Rate (Deaths under two years per 1,000 live births)	.37

ENGLAND AND WALES:

*Birth Rate	17.4
Stillbirth Rate (per 1,000 total births)	18.7
*Death Rate	12.0
Infant Mortality (Deaths under one year per 1,000 live births) ...	21.4

*Per thousand of population

VITAL STATISTICS

Births:

There were 2,675 live births to Bolton residents, 1,376 males and 1,299 females. The live birth rate (corrected) per 1,000 of the population was 16.6.

Of all the live births, 572 (approximately 21 per cent) occurred at home, and approximately 79 per cent in institutions—1,254 in Bolton District General Hospital, 316 in Haslam Maternity Home, 201 in Havercroft Maternity Home, and 320 in Heaton Grange Maternity Home. The remaining births took place in institutions and homes outside Bolton.

There were 176 premature live births.

Stillbirths:

The number of stillbirths was 48, giving a stillbirth rate of 17.6 per 1,000 live and stillbirths.

Under the Population (Statistics) Act, 1960, doctors and midwives in England and Wales are required to make a statement of the cause of death of every stillborn child. This provision came into operation on the 1st October, 1960, and 1961 is therefore the first full year in which it has been in operation. The object is to provide a regular series of statistics on the causes of stillbirths which will be of assistance in the study of perinatal mortality.

The causes of the 48 stillbirths which occurred in Bolton in 1961 are given below. It is not possible to draw any conclusion from these figures alone, but the figures for the country as a whole will have greater significance and, even more important, in succeeding years it may be possible to discern trends which may be of importance in tackling the problem of stillbirths.

Cause of Death	Number M & F
Diabetes mellitus	1
Chronic disease of circulatory system	1
Haemorrhage without mention of placental condition	5
Toxaemia with convulsions during pregnancy or labour (eclampsia)	1
Other toxaemias of pregnancy	4
Cord condition without mention of placental abnormality	5
Placenta praevia	2
Premature separation of normally implanted placenta	1
Other abnormality of placenta and cord	5
Birth injury	1
Anencephalus	6
Hydrocephalus	2
Malformation, not otherwise specified	1
Erythroblastosis	3
Maceration, cause not specified	3
Other ill-defined cause	1
Cause unspecified	6
TOTAL	48

Total Live and Stillbirths:

The total live and stillbirths was 2,723.

Deaths:

There were 2,267 deaths (1,126 males and 1,141 females) giving a corrected death rate of 15.3 per 1,000 of the population.

A total of 675 persons whose usual place of residence was in the county borough, died outside the borough; of these, 570 died either in the Bolton District General Hospital or in Townleys Annexe.

Non-residents who died in the area numbered 224.

Summary of the Principal Causes of Death, 1961

Cause of Death	No. of Deaths	Males	Females	0–	1–	5–	15–	25–	45–	65–	75–
Tuberculosis, Respiratory	14	9	5	–	–	–	–	1	11	1	1
,, Other	1	1	-	–	1	–	–	–	–	–	–
Syphilitic disease	2	1	1	–	–	–	–	–	–	1	1
Diphtheria	–	–	–	–	–	–	–	–	–	–	–
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infections	1	–	1	1	–	–	–	–	–	–	–
Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	–	–	–	–
Other infective and parasitic diseases	6	2	4	–	2	–	–	1	1	1	1
Malignant Neoplasm—											
Stomach	67	38	29	–	–	–	–	3	24	25	15
Lung & Bronchus	71	63	8	–	–	–	–	5	37	19	10
Breast	32	–	32	–	–	–	–	1	15	8	8
Uterus	16	–	16	–	–	–	–	2	8	4	2
Other malignant and lymphatic neoplasms	173	95	78	–	1	3	2	11	55	45	56
Leukaemia and Aleukaemia	10	5	5	–	–	1	–	3	5	1	–
Diabetes	16	2	14	–	–	–	–	–	7	5	4
Vascular lesions of nervous system	350	143	207	1	–	1	–	5	49	121	173
Coronary disease, angina	355	211	144	–	–	–	–	8	102	137	108
Hypertension with heart disease	58	24	34	–	–	–	–	–	9	20	29
Other heart disease	238	83	155	–	–	–	–	9	34	57	138
Other circulatory disease	132	55	77	–	–	–	1	1	12	28	90
Influenza	52	29	23	–	–	–	1	2	15	17	17
Pneumonia	114	58	56	11	4	–	–	2	13	15	69
Bronchitis	176	105	71	–	–	–	–	3	49	68	56
Other diseases of respiratory system	24	14	10	1	–	–	–	1	8	8	6
Ulcer of stomach and duodenum	17	12	5	–	–	–	–	–	3	10	4
Gastritis, enteritis and diarrhoea	6	2	4	1	–	–	–	1	–	2	2
Nephritis and Nephrosis	7	3	4	–	–	–	–	–	4	2	1
Hyperplasia of Prostate	10	10	–	–	–	–	–	–	–	2	8
Pregnancy, childbirth and abortion	–	–	–	–	–	–	–	–	–	–	–
Congenital malformations	17	6	11	13	1	–	–	1	–	1	1
Other defined and ill-defined diseases	141	66	75	24	1	3	4	3	22	24	60
Motor vehicle accidents	32	22	10	–	1	1	6	6	10	4	4
All other accidents	95	43	52	–	2	5	6	11	15	9	47
Suicide	34	24	10	–	–	–	–	8	12	11	3
Homicide and Operations of War	–	–	–	–	–	–	–	–	–	–	–
TOTALS	2,267	1,126	1,141	52	13	14	20	88	520	646	914

Deaths from Puerperal Causes:

As in the preceding year there were no deaths from puerperal causes.

Infant Mortality:

There were 52 deaths of infants under one year, giving an infant mortality rate of 19.4 per 1,000 live births. The infant mortality rate per 1,000 legitimate live births was 20.3, and illegitimate 6.1. The primary causes of death are shown in the following table:—

Cause of Death	Age at Death					Total for each cause
	Under 4 weeks	4 weeks to 3 mths	3 to 6 months	6 to 9 months	9 to 12 months	
Prematurity	14	–	–	–	–	14
Congenital malformations	7	3	3	–	–	13
Pneumonia	2	6	2	2	–	12
Post-natal asphyxia and Atelectasis	5	–	–	–	–	5
Birth Iniury	3	–	–	–	–	3
Other Causes	–	3	1	1	–	5
TOTALS	31	12	6	3	–	52

Deaths under Four Weeks:

There were 31 deaths of infants under four weeks, giving a neonatal mortality rate of 11.6 per 1,000 live births. The rate for England and Wales was 15.5.

The following table shows the ages at which death took place:—

Cause of Death	0–7 days	8–14 days	15–21 days	22–28 days	Total
Prematurity	14	–	–	–	14
Congenital Malformations	4	1	1	1	7
Pneumonia	1	–	1	–	2
Post-natal Asphyxia and Atelectasis	5	–	–	–	5
Birth Injury	3	–	–	–	3
TOTALS	27	1	2	1	31

Four of these babies were under $2\frac{1}{2}$ lbs. in weight at birth.

Perinatal Mortality:

The perinatal mortality rate is the number of stillbirths added to the numbe of infant deaths during the first week of life, expressed as a rate per thousan of total births, both live and still. In 1961 the perinatal mortality rate in Bolto was 27.5 per 1,000 total births.

The following table shows the infant mortality rate, neonatal mortalit rate, stillbirth rate, perinatal death rate and the death rate of infants aged on week but under one year, for the last ten years.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	196
Infant Mortality Rate ..	28.4	27.9	28.5	25.7	23.9	25.6	27.4	29.0	27.0	19.4
Neo-natal Mortality Rate ..	16.5	18.9	19.8	14.2	15.9	16.7	20.7	17.2	20.0	11.(
Stillbirth Rate	27.6	23.0	25.0	24.7	26.7	21.8	21.0	16.9	19.6	17.(
Perinatal Death Rate	45.4	39.5	42.0	38.2	42.2	37.5	39.3	29.7	34.0	27.5
Deaths of infants aged 1 week but under 1 year per 1,000 total births	12.8	11.5	12.2	12.9	6.8	10.3	8.6	15.7	12.2	9.5

Deducting the deaths of the four babies under 2½ lbs. at birth would giv an infant mortality rate of 18.2.

General Discussion—(Infant Mortality and Stillbirths):

1961 has been a remarkable year. The infant mortality rate has, for th first time, fallen below 20 per thousand. While this is highly satisfactory, should of course be remembered that the infant mortality rate in a relativel small area such as Bolton is liable to fairly wide fluctuations from year to yea and it would be unrealistic to expect that the rate would be equally low ne year. For example, the infant mortality rate in 1956 was 23.9 but in 1959 it ha risen to 29. Neverthless, the general trend over the years has been in a dowr ward direction and the low figure for 1961 does indicate that further improv ment is possible and can be expected.

The reduction affected both the neonatal mortaltiy rate, that is to sa the deaths among infants under four weeks, and the post-neonatal mortalit rate, that is to say the deaths among infants over the age of four weeks b under the age of one year. In actual numbers, twenty fewer children die in 1961 than in 1960. On the other hand, it remains true that prematurit congenital malformations and pneumonia are the three leading causes of infa death.

Future efforts to reduce infant mortality could most profitably be direct against these three causes of death, although at the present time lack of bas knowledge makes it virtually impossible to take any action about congenit malformations and action with regard to prematurity is largely direct towards better handling of premature infants and not, to any appreciab extent, towards the prevention of prematurity.

Deaths from pneumonia might appear to be a more immediately fruitful ield for preventive action, but even here action would not be possible without great deal of further more detailed knowledge about each case going far beyond he information obtained as a result of the registration of death. Most of the nfant deaths due to pneumonia occur after the fourth week, and in order to btain further information about these and other infant deaths, detailed nquiries have been made about all the post-neonatal deaths occurring in olton since the end of 1960. This has been done in consultation with the hos- ital staff who are immediately concerned with many of these deaths, and with a epresentative of the general practitioners. The number of deaths in any one ear in this age group is too small to give rise to any reliable conclusions, but the nquiry is continuing during 1962.

Deaths from Cancer

Localisation of Disease, Number of Deaths and Rate Per Cent of Total Deaths annually for the past ten years

	1952		1953		1954		1955		1956		1957		1958		1959		1960		**1961**	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	**No.**	**Rate**
Stomach	77	3·39	70	3·32	67	2·99	55	2·57	59	2·66	52	2·30	76	3·59	60	2·84	62	3·02	**67**	**2·96**
Lung & Bronchus	69	3·04	66	3·13	65	2·90	60	2·81	78	3·51	85	3·77	82	3·87	82	3·88	69	3·37	**71**	**3·13**
Breast	40	1·76	35	1·66	32	1·43	38	1·78	35	1·58	39	1·73	28	1·32	33	1·56	27	1·32	**32**	**1·41**
Uterus	20	0·88	17	0·80	16	0·71	12	0·56	19	0·86	19	0·84	17	0·80	7	0·33	21	1·02	**16**	**0·71**
Other Sites	176	7·76	175	8·29	187	8·35	171	7·99	184	8·29	178	7·89	183	8·64	177	8·38	161	7·85	**173**	**7·63**
TOTAL DEATHS FROM CANCER	382	16·83	363	17·20	367	16·38	336	15·71	375	16·90	373	16·53	386	18·22	359	16·99	340	16·58	**359**	**15·84**
TOTAL DEATHS: (All Causes) ..	2,269		2,111		2,240		2,138		2,220		2,256		2,119		2,113		2,051		**2,267**	

Deaths due to Lung Cancer:

The percentage of deaths which were due to lung cancer was almost the same in 1961 as in 1960. In actual numbers, 71 persons died as a result of lung cancer in 1961, compared with 69 in 1960. Lung cancer is still predominantly a disease affecting males, and 63 of the deaths were among males and only 8 among females. Lung cancer differs from other cancers in tending to develop relatively earlier in life, and 42 of the lung cancer deaths occurred under the age of 65, compared with 29 over the age of 65. Expressed in another way, lung cancer accounts for 25% of deaths due to cancer under the age of 65, but only 15 % of the deaths due to cancer over the age of 65.

The Health Department continued in its endeavours to bring to the notice of the public the very close relationship between cigarette smoking and lung cancer, and indeed this is regarded as one of the more important parts of the health education programme.

It is now twelve years since the first authoritative study of the relationship between smoking and lung cancer was published in this country and since then a large number of investigations have been carried out and a considerable volume of evidence has accumulated, none of it seriously challenging the original contention that there is a causal relationship between cigarette smoking and lung cancer. Any tendency towards complacency about this problem should have received a welcome correction by the publication early in 1962 of the Report of the Royal College of Physicians on Smoking in relation to Cancer of the Lung and Other Diseases. This report does not contain any information which is entirely new, but does collect in a convenient and authoritative form all that is already known on this subject. It also draws attention to something which I mentioned in my report last year, namely, the increasing expenditure on the advertisement of tobacco goods which is taking place, particularly in television advertising, and the increasing subtlety with which these advertisements appear to direct their appeal towards young people. In comparison with this, the efforts of a local authority pursuing a health education campaign within its own area, however diligently this is done, seems very puny.

Fatal Road Accidents:

This year there was, unfortunately, a large number of deaths due to motor vehicle accidents—32 in all. One was to a child under five and eight to old people sixty-five or over.

I am indebted to the Chief Constable for the following report on road accidents in Bolton. It should be noted that the figure given in his report—25—is different from the figure I mentioned above as his report refers to accidents in Bolton. In addition, a number of Bolton residents were killed outside the borough.

> During 1961, 2,175 accidents which occurred in the borough were reported to the Police. The number of traffic accidents involving personal injury totalled 711; the number of persons injured in these accidents was 864.

Twenty-five persons were killed, this being an increase of one on the previous year. Eleven of these accidents occurred during the hours of darkness and 14 during daylight hours. Fatal accidents during daylight involved 7 pedestrians aged 3 years, 9 years, 15 years, 34 years, 62 years, 74 years and 83 years; 1 car driver aged 68 years, 2 car passengers aged 72 years, and 4 motor cyclists aged 19 years, 30 years 55 years and 67 years. Accidents during the hours of darkness were responsible for the deaths of 9 pedestrians aged 42 years, 45 years, 46 years, 51 years, 56 years, 62 years, 65 years, 75 years, and 86 years; 1 car driver aged 37 years, and 1 car passenger aged 47 years. No pedal cyclists were involved in fatal accidents.

Fatal Accidents in the Home:

The number of fatal accidents in the home during 1961 was 56, an increase of twelve over the number in 1960. The general pattern, however, was similar and fractured femur was responsible for the greatest number of deaths. There were twenty-two deaths as a result of fracture of the femur; fourteen of these occurred in persons over the age of 80. Other falls in the home apart from those associated with fracture of the femur were responsible for a further seventeen deaths. Most of these, too, occurred in elderly people, fifteen of them being over the age of 70.

Carbon monoxide poisoning was responsible for eleven deaths, and again the elderly appeared to be particularly vulnerable; eight of these were over the age of 70.

Burns resulted in the deaths of three people, two of whom were over the age of 70.

Three deaths were due to barbiturate poisoning.

Suicide:

Thirty-four deaths were due to suicide, compared with twenty-one in 1960. In fourteen cases death was due to carbon monoxide poisoning, compared with two in 1960, and fifteen deaths were due to self-inflicted violence, compared with only four in 1960.

The following table shows the distribution of deaths according to age, sex and the method of suicide applied.

	Age Group					
	15–44		45–64		65 and over	
	Male	Female	Male	Female	Male	Female
Carbon monoxide poisoning	2	2	1	2	5	2
Barbiturate Poisoning	1	–	1	1	1	1
Self-inflicted violence	2	1	6	1	4	1
TOTALS	5	3	8	4	10	4

PART II

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Immunisation and Vaccination

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics:

As in 1960, three ante-natal clinics were held each week. In all, 144 clinics were held with an average attendance of 31 patients per session. There was again an increase in the total attendances the number being 4,472 as compared with 4,176 in the previous year. Details of attendances are as follows:—

New bookings	830
Return visits	3,642
TOTAL:	4,472
Post-natal visits	44

The post-natal figures presented a worse picture than in the previous year. Out of 94 mothers who were invited to attend for a post-natal examination only 41 did so.

CASES REFERRED FOR CONSULTANT OPINION:

Patients were referred to Bolton District General Hospital for the following reasons:—

	No. of Cases
Placenta praevia	1
Toxaemia of pregnancy	4
Rhesus negative with antibodies	5
Multiple pregnancy	8
Anaemia	4
Breech and abnormal presentation	7
Bad obstetric history	18
Home conditions	14
Post maturity	4
Multiparity	18
TOTAL:	83

CHEST X-RAY

All patients attending the clinic were given an appointment to have their chests X-rayed at a special session reserved for expectant mothers. Four hundred and twenty-nine women attended and no active lesion was detected.

PHYSIOTHERAPY

As in previous years, relaxation classes were held during clinic sessions.

VACCINATION AGAINST POLIOMYELITIS:

Each patient was offered vaccination against poliomyelitis. A total of 14 women were immunised by two injections and 13 more were given a third booster injection.

Dental Arrangements:

The special Tuesday afternoon session was continued for all expectant mothers needing dental care and treatment.

Maternity Packs:

A total of 650 maternity packs were issued.

Welfare Foods:

As in previous years, these were available in the waiting room during all the clinic sessions.

Child Welfare Centres:

During the year an extra clinic session was initiated at a busy centre in order to relieve pressure on the main centre. Total attendances at child welfare centres increased by 3,103.

The main function of the child welfare centre is to help the mother to bring up a healthy and happy child. In the past much attention was paid to regular weekly weighing of the baby. Today the emphasis is on individual medical advice for the early recognition of the abnormal, a comprehensive immunisation and vaccination programme, and individual and group health teaching and advice.

Several clinics are still overcrowded.

Details of the centres and of the volume of work carried out are as follows:—

Centre	Day	No. of Sessions	Total Attendances
Civic Centre	Monday afternoon	45	2,583
Daubhill	do.	30	361
Chalfont Street	do.	45	2,023
Deane	do.	45	2,233
Tonge Fold	do.	45	1,944
Astley Bridge	Tuesday afternoon	49	1,248
Halliwell	do.	49	3,807
Chorley Old Road	do.	49	3,781
Civic Centre	Wednesday afternoon	50	2,732
Rosehill	do.	49	2,179
Astley Bridge	Thursday afternoon	51	3,257
Civic Centre	do.	52	2,308
Daubhill	do.	50	3,815
Delph Hill	Friday afternoon	50	1,980
Tonge Moor	do.	50	3,051
The Withins	do.	50	2,930
Lever Edge Lane	Saturday morning (fortnightly)	26	633
	Totals:	785	40,865

Approximately 88 per cent of babies born to Bolton mothers are taken to child welfare centres during their first year of life. Details of attendances at different ages are shown in the following table.

Attendances at Child Welfare Centres

Age of Child	First Attendance	Subsequent Attendances	Seen by Doctor at Child Welfare Centre
0—1 year	2,409	32,305	14,571
1—2 years	51	3,638	1,638
2—5 years	42	2,420	1,089
Totals:	2,502	38,363	17,298

Total Attendances: 40,865

The assistant medical officers referred some of the children attending child welfare centres to consultants, always of course, with the family doctor's consent. The details of the 69 cases referred during the year are as follows:—

Referred to Ophthalmic Surgeon	13
,, ,, Dermatologist	5
,, ,, Paediatrician	19
,, ,, Orthopaedic Surgeon	8
,, ,, General Surgeon	20
,, ,, Plastic Surgeon	1
,, ,, Ear, Nose and Throat Surgeon	2
,, ,, Professor Ewing	1
Total:	69

Special Toddler Clinic:

No special toddler clinics were held during 1961 because of the poor response to the appointments made in the previous year.

Vaccination against Poliomyelitis:

Number of injections given at Child Welfare Centres

1st Injections	2nd Injections	3rd Injections
2,511	2,437	557

Voluntary Workers:

During the year 62 voluntary workers attended child welfare centres to assist with routine duties including record keeping, the sale of welfare and proprietary baby foods, and baby weighing. The help of these ladies is very much appreciated.

Handicapped Children:

At the end of the year there were 204 cases on the register. There has been an increase in the number of children with congenital dislocation of the hip no doubt due to the early ascertainment of this condition during the first week of life.

Ascertainment of Deafness in Young Children—Screening Tests of Hearing:

Screening tests of hearing in young children are carried out by specially trained health visitors using the special tests devised by the staff of the Department of Audiology and Education of the Deaf of Manchester University. For the two years prior to 1961 during which these tests had been carried out, the general policy had been to screen the hearing of all children between the ages of seven months and five years, the main effect being concentrated on testing all children between seven months and one year and those children aged one to five years about whom there was any suspicion of deafness as suggested by delay in talking, etc. It was found, however, that the routine testing of hearing, as opposed to tests on children particularly "at risk", had resulted in only one possible case of deafness being brought forward which would not have been diagnosed by selective testing of "at risk" children only. These findings are in accordance with those of other authorities in the country. Considering the disproportionate amount of health visitors' time involved and after consultation with Mr. Mowat, the E.N.T. Consultant, Dr. Dickson, the Consultant Paediatrician and the Local Medical Committee, it was therefore decided from the beginning of 1961 to discontinue routine tests and concentrate on screening the "at risk" group only.

The "at risk" group includes the following:

Where the ante-natal history has shown—

(a) Rhesus incompatibility
(b) Haemorrhage
(c) Toxaemia
(d) Any infection or other illnesses during pregnancy

Where the baby has shown—

(a) Anoxia at birth
(b) Jaundice (other than physiological)
(c) Prematurity

Also late developers, apparently backward children, those slow in learning to speak or with defective speech, spastic children or those with any disease of the central nervous system, e.g. tuberculous meningitis, cerebro-spinal meningitis or encephalitis, children with a history of ear infection or familial deafness and any small child who for any other reason appears to be deaf.

Arrangements were made with the staff of the Bolton District General Hospital and Maternity Homes for this information to be passed to the department when the baby was discharged. Domiciliary midwives also provided information about their cases. The Superintendent Nursing Officer or her deputy scrutinised these reports and any child in the "at risk" category was listed for testing.

The first of these children, i.e. those born in January, 1961, were old enough t be screened in July, 1961, and therefore from this date all these selecte children were screened for deafness. From January to July, however, there wa no specially compiled register of children "at risk" available and so reliance wa placed on the health visitors bringing forward any cases they found of childre in the selected categories. In addition to those children selected for testing a birth, older children were also tested throughout the year after being brough forward by one of the assistant medical officers or health visitors as being a child considered to be "at risk".

Three hundred and seventy-six children under five years were tested and on child aged seven years was also tested at the request of the Educational Psycho logist because his intelligence was too low for him to co-operate with the pur tone audiometric test.

Eight children (2.1%) failed all three tests. Three of these children wer under the age of one year; one child, a mongol, has since died, and in the othe cases general retardation was considered to be the main reason for the childre failing all three tests and they will be re-tested at a later date when they are mor able to co-operate. Four children between the ages of one and two years faile all three tests. One of these children has been seen at the Department o Audiology in Manchester. It is considered that he is probably not deaf, but h is to return to Manchester for further testing. The other three children wer again generally retarded, and it is intended to re-test them after an interval o time. One child between the age of two and five years failed all three tests he was referred to the Department of Audiology for further investigatio where a definite diagnosis of marked hearing loss was made, and this boy ha since been admitted to the Thomasson Memorial Special School. In his cas there was a family history of deafness, and he was also brought forward becaus of delay in talking.

Of all the children selected for screening for deafness, in only one case di the parents refuse to co-operate for the testing.

One child aged 3 years, who had failed all three tests in 1960, and whose ca had still been under consideration at the end of that year, was also referred durin 1961 to the Department of Audiology in Manchester, where he was considere to have normal hearing, his poor discrimination of speech being linked wit his general retardation.

The fact that failure to pass the screening tests for hearing, as well as findir the deaf child, also brings to our notice the backward and physically handicappe child, and is proving useful in ensuring the completeness of the register of poter tially handicapped pre-school children which we are compiling in an attempt consider the needs of these children before they reach school age. Whe children have failed three hearing tests and have been considered to be possib backward, it has also been the practice for them to have their "Gener Quotient", which is comparable to an Intelligence Quotient, estimated on Th Griffith Mental Development Scale by one of the assistant medical office who has been trained in the application of this scale. This is helpful in dete mining the course of any future actions with regard to a particular child.

In September 1961 a Circular was issued by the Ministry of Health which stated:—

" . . . Suitable ages for the application of screening tests are first between 8 and 12 months, to exclude severe deafness, second at 2 years when failure or delay in speech development will indicate the possibility of partial deafness or high-tone loss, and third as soon as practicable after a child first starts school in order to ascertain hitherto undetected cases of lesser hearing impairment".

By the time the Circular was received the screening tests of "at risk" babies aged between eight and twelve months was proceeding smoothly. With regard to screening at two years and five years, arrangements have been made for the district health visitor to visit the "at risk" babies when they are two years old and if she has any doubts about their speech or development to arrange for further screening tests. When the children "at risk" are five years old their cards will be passed to the School Health Department so that special attention can be paid to them when audiometric testing of entrants is being carried out.

RESULTS

	Under 1 year	%	1 to 2 years	%	2 to 5 years	%	Totals	%
Number tested ..	287		50		39		376	
Passed—								
1st Test ..	279	97.2	42	84.0	35	89.7	356	94.7
2nd Test ..	4	1.4	4	8.0	2	5.1	10	2.7
3rd Test ..	1	0.4	0	–	1	2.6	2	0.5
Failed 3 Tests ..	3	1.0	4	8.0	1	2.6	8	2.1
Diagnosed Deaf	0		0		1	2.6	1	0.3
Still under consideration ..	2	0.7	4	8.7	0	–	6	1.6
Where tested—								
At home ..	202	70.4	41	82.0	32	82.0	275	73.1
At clinic ..	85	29.6	9	18.0	7	18.0	101	26.9

Routine Testing of Bolton Babies for Phenylketonuria:

A simple test of urine of 1,473 babies at about six weeks of age for the detection of phenylketonuria was carried out by health visitors. Since testing began towards the end of 1959, 3,160 babies have had this test.

No cases were found during the year.

Care of Unmarried Mothers:

The volume of work carried out by the Bolton Moral Welfare Association for the Corporation during the year again increased, although there was a reduction in the number of very young unmarried mothers.

During the year the Moral Welfare Worker dealt with 98 cases, an increase of 9 on the figure for 1960. The figures for 1960 are given in brackets.

Total number of girls aged 16 years and under who were known to be pregnant during 1961	6	(8)
Total number of girls aged 16 years and under who gave birth to live babies during 1961	3	(6)

Ages of mothers at the date of birth of their babies:—

Age of mother at last birthday – 16 years	2	(4)
Age of mother at last birthday – 15 years	1	(2)

An annual grant is paid to the Association by the Corporation and in addition, any maintenance charges required for individual cases, where necessary, are met.

Mother and Baby Homes where girls were accommodated for an average period of nine to ten weeks are as follows:—

St. Agnes' Home, Manchester	1 case
St. Anne's Maternity Home, Heywood	3 cases
St. Margaret's Home, Wigan	1 case
Adswood Salvation Army Home, Liverpool	1 case
Sacred Heart Maternity Home, Kendal	2 cases
The Grange Maternity Home, Wilpshire	4 cases
The Methodist Maternity Home, Manchester	6 cases

All but one case paid part of the cost of maintenance and the local authority paid the remaining part.

Homes for Mothers and Children:

One mother and her two children were sent to Brentwood Recuperative Centre for a period of six weeks.

Family Planning:

No change has taken place in the administration of the facilities for family planning advice in the County Borough.

This work is carried out by the Bolton Family Planning Association and two separate weekly clinics are held, one at the Health Department in the Civic Centre on Mondays from 6.30 to 7.30 p.m. and the other at the Friends' Meeting House, Tipping Street on Fridays from 6.30 to 7.30 p.m.

The patients were all referred from medical sources. At the Civic Centre there were 1,501 patients who had previously attended, 409 new patients, and 32 patients who had been attending Family Planning Clinics in other parts of the country. The number of clinics held was 44. At Tipping Street there were 480 patients who had previously attended, and 128 new patients. The number of clinics held was 44.

Distribution of Welfare Foods:

Welfare foods continued to be distributed daily from the public counter in the Health Department at the Civic Centre and also from twelve centres in various parts of the town where child welfare clinics were held. At these centres thirteen clinics were held weekly and one fortnightly:—

The following table shows the total issues during the past three years:

Commodity	1959	1960	1961
National Dried Milk	32,878 tins	30,654 tins	24,991 tins
Cod Liver Oil	11,468 bottles	11,513 bottles	7,813 bottles
Orange Juice	74,417 bottles	71,421 bottles	47,289 bottles
Vitamin A. & D. Tablets	9,489 packets	10,025 packets	7,548 packets

Issues from the Health Department distributing centre, which was open during normal office hours, expressed as a percentage of the total issues, were as follows:

National Dried Milk	71 per cent
Cod Liver Oil	55 per cent
Orange Juice	60 per cent
Vitamin A & D Tablets	48 per cent

Welfare foods were issued from the central store at the Health Department to the following institutions. The figures are included in the above totals for the year.

National Health Service Institutions	National Dried Milk ..	111 tins
	Cod Liver Oil..	Nil
	Orange Juice	396 bottles
Day Nurseries	National Dried Milk ..	36 tins
	Cod Liver Oil..	108 bottles
	Orange Juice	372 bottles

Total issues during the year fell considerably in comparison with previous years. From the 1st June, 1961, following instructions from the Ministry of Health, orange juice, cod liver oil and vitamin tablets were sold at prices which covered the cost. The price of orange juice was increased from 5d. to 1/6d. and cod liver oil and vitamin tablets previously supplied free of charge were sold at 1 -d. a bottle and 6d. a packet respectively. Tokens were no longer required for these purchases. The price of National Dried Milk remained at 2/4d. a tin.

During the first five months of the year there was an increase in the distribution of cod liver oil, orange juice, and vitamin tablets. This was due to the prior announcement that charges would be increased or introduced during June. Immediately the charges were introduced there was a marked decrease in distribution which over a full year would have been equivalent to 64 per cent for cod liver oil, 61 per cent for orange juice, and 47 per cent for vitamin tablets. The decrease in sales of National Dried Milk was fairly evenly distributed throughout the year.

Day Nurseries:

The Day Nursery Service continues to provide a valuable social service within the welfare services and assists many types of family problems.

During the year help was given to 231 families requiring assistance because of particular social needs. This is an increase of 48 compared with the previous year.

Nursery	Accommodation	Average daily attendance	
		1960	**1961**
Park House	50	34·49	**37·41**
Shaw Street	50	36·00	**39·74**
Merehall	49	30·94	**32·08**
Roxalina Street	50	40·58	**41·24**
TOTALS	199	142·01	**150·47**

The four day nurseries provide potential accommodation for 197 children. The number of children on the register at the 31st December was 228 of whom 110 were social cases.

During the year 510 children attended the nurseries of whom 231 were social cases in the following categories:—

Separated parents	51
Unmarried mothers	44
Desertion of mother or father	12
Confinement	19
Ill-health of father or mother	21
Widows	11
Inadequate income	48
Poor housing conditions	5
Deceased mother	1
Divorced parents	5
Imprisonment of father	2
Doctors' recommendations:— (e.g. feeding difficulties, behaviour problems, disharmony at home)	12
TOTAL:	231

CHARGE FOR DAY NURSERY ACCOMMODATION:

The Committee agreed that in three cases involving five children, no charge should be made. The parents were in receipt of National Assistance and incapable of employment. Otherwise, the minimum charge remained at 2/6d. per day and the maximum charge at 9/3d. per day.

Charge payable at end of year	No. of Cases	
	1960	1961
2/6d – 3/10d per day	72	64
4/1d – 6/- ,, ,,	37	34
6/6d ,, ,,	6	4
7/9d ,, ,,	12	5
9/3d ,, ,,	67	116
TOTALS	194	223

During the year, 5 appeals against assessments affecting 5 children were considered by a special sub-committee. Three appeals were successful and 2 were refused.

VACCINATION AND IMMUNISATION:

The children, except for two whose parents refused their consent, were immunised against diphtheria, whooping cough and tetanus, and vaccinated against poliomyelitis.

STAFF:

The staff at the 31st December was as follows:—

Day Nursery Supervisor	1
Matrons	4
Deputy Matrons	4
Wardens	4
Nursery Nurses	15
Nursery Assistants	4
Students	8
TOTAL STAFF	40

TRAINING OF NURSERY NURSES:

Forty-nine students of the Bolton Training Centre were awarded the Certificate of the National Nursery Examination Board. They were recruited from the following sources:—

Bolton Local Health Authority
Bolton Local Education Authority
Elizabeth Ashmore Residential Nursery
The Church of England Children's Society
Wigan Local Health Authority

After qualification some of the nurses were employed locally in day nurseries, nursery schools and classes and the Elizabeth Ashmore Residential Nursery.

Three began general hospital training and two sick children's training. One was employed at the Blind Babies' Home in Southport and another at Butlin's Holiday Camp for the summer season.

The remainder returned to nurseries under the control of The Church of England Children's Society to complete their agreement with the Society.

Nurseries and Child Minders Regulation Act, 1948:

Four industrial nurseries which provided accommodation for 145 children were visited on several occasions by the Day Nursery Supervisor and found to be satisfactory.

In December the management of the Persian Mills Spinning Company discontinued their arrangements for minding five children under five years of age and twenty children out of school hours owing to the closure of the mill.

Dental Treatment:

I am indebted to Mr. A. E. Shaw, the Principal School Dental Officer, for the following information and comments.

As last year, it is pleasing to report that all the available dental surgeries were staffed and the sessions devoted to the Priority Dental Services were continued. The demand for these services showed some increase. This demand, however, showed a similar trend to that which had been noted previously in that the majority of expectant mothers in Bolton would seem to seek dental treatment from private practitioners and now that an alteration in the National Health Service regulations allows the free provision of dentures as well as other forms of treatment from the General Dental Service, and taking into account that the majority of expectant mothers who seek dental treatment at priority sessions require extractions and the provision of dentures, it is not anticipated that there will be a large increase in this demand.

Those attending the Training Centre at Cotton Street received their annual inspection and dental treatment was completed for all those accepting the offer of treatment.

Dental Arrangements

Number of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service:—

(1) Senior Dental Officer	1/11th
(2) Dental Officers	1/11th

Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service	–
Number of dental clinics in operation at end of year	4
Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	78
Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year	–

Analysis of Priority Dental Care

	Expectant and Nursing Mothers	Children under five
Examined	36	191
Needing treatment	35	177
Treated	35	177
Made dentally fit	19	159
Scalings and Gum Treatment	16	4
Fillings	33	87
Silver Nitrate Treatment	–	2
Crowns or Inlays	1	–
Extractions	212	186
General Anaesthetics	9	88
Dentures Provided: Complete	21	–
Partial	6	–
Radiographs	3	–

Physiotherapy:

During 1961 massage and remedial exercises were given to children sent from the child welfare centres and school clinics and classes were held to teach correct breathing and posture. Breathing exercises were continued throughout the year at Lostock Open Air School.

Ultra-violet light sessions were held four times weekly—twice for infants and twice for school children—and from September to March, twice weekly at Lostock Open Air School.

Relaxation classes for expectant mothers were held each morning from 9.30 a.m. to 10.45 a.m. and on Tuesday afternoons in conjunction with the Mothercraft Class. During the summer months two extra classes per week were added—Monday and Thursday afternoons.

Exercises were given at Cotton Street Training Centre on two afternoons each week to all those partially spastic children who required physiotherapy.

The ultra-violet light department was transferred on the 6th September to the Robert Galloway Clinic to allow the Mass Miniature Radiography Unit to occupy the rooms in the Civic Centre, returning on the 1st November.

Summary of Work:

	Massage and Exercises	Breathing and Postural Exercises
No. of Patients	150	205
„ „ Treatments	551	427
„ „ New Patients	63	31

	Ultra-violet Light		
	Pre-School Children	School Children	Lostock Open Air School
No. of Patients	376	378	
„ „ Treatments	1,941	2,281	2,329
„ „ Sessions	48	48	48
„ „ New Patients	147	139	

	Expectant Mothers—Relaxation Classes		
	No. of Patients	No. of New Patients	No. of Attendances
Domiciliary Midwifery Service	228	69	530
Nursing Homes	776	250	1,402
Own Doctors..	31	13	88
Bolton District General Hospital	112	43	228

	Cotton Street
No. of Patients	9
,, ,, Treatments ..	396

MIDWIFERY

This year there has again been an increase in domiciliary and total births in Bolton and more young mothers have been delivered of their first babies at home.

Distribution of Births:

The following table shows the distribution of births.

	1959	1960	**1961**
Total Births	2,426	2,697	**2,738**
Domiciliary	453	544	**575**
Bolton District General Hospital	1,174	1,328	**1,292**
Maternity Homes (3)	799	825	**842**

There were also 29 babies born to Bolton mothers in maternity establishments outside Bolton

Practising Midwives:

The midwives who notified their intention to practise in accordance with the rules of the Central Midwives Board were:—

In Hospital and Maternity Homes	35
In Domiciliary Practice	11

Ten of the domiciliary midwives were employed by the Local Health Authority. One midwife employed by Lancashire County Council attended a patient in an emergency near the Farnworth border of Bolton.

Domiciliary Staff:

Establishment .. 10

There were moderately serious shortages of midwives particularly at the beginning of the year when 6 permanent midwives and one temporary (retired) midwife were employed.

Two permanent midwives were appointed on the 1st April, one of whom resigned on the 31st December due to pregnancy.

The senior district training midwife who combined the duties of Deputy Non-Medical Supervisor of Midwives with the training of pupil midwives resigned on the 21st September to take the Health Visitors' Training Course. This vacancy has not been filled.

Two newly qualified midwives were appointed to take up duty on the 1st January, 1962 and so the new year should start with 8 midwives on the staff.

All the midwives, with the exception of the temporary midwife, used cars and received the essential users' allowance.

NIGHT ROTA:

A night rota was started in August as it had long been known that domiciliary midwives felt the strain of a twenty-four hour service. It had not been possible to do so before because enough midwives were not available. Two midwives on the staff were on duty every night and a part-time midwife was "on call" from 11 p.m. to 8 a.m. By this arrangement the remainder could have an unbroken night's sleep.

Domiciliary Confinements:

Domiciliary midwives attended 574 confinements. The usual routine after the patients are delivered is for the midwives to visit twice daily for three days then daily for ten days.

Visits made by the midwives were as follows:—

Ante-natal visits	5,649
Nursing visits during the puerperium	9,418
Post-natal visits	17
TOTAL:	15,084

Patients delivered in hospital and discharged between the second and eighth day after the birth of the baby numbered 104. These were attended by the midwives and the visits are included in the above total of nursing visits.

Included in the total ante-natal visits are those to 194 additional patients who "booked" for home confinement but for medical or obstetrical reasons were referred to Bolton District General Hospital or the maternity homes or who left the district.

This ante-natal care forms an important part of the midwives' work—at home and in attendance at ante-natal clinics.

The interest of family doctors is of great help to new midwives starting on domiciliary work with all its responsibilities.

Most of the patients delivered at home received some form of analgesia as follows:—

Trichloroethylene was administered in 499 cases
Nitrous Oxide was administered in 5 cases
Pethidine was used for 212 cases

Testing for Congenital Dislocation of the Hip:

By agreement with the Orthopaedic Surgeons at Bolton Royal Infirmary and the Local Medical Committee, in October it was arranged that domiciliary midwives should test all children born at home for congenital dislocation of the hip so that the condition, if present, could be treated early and permanent disability avoided.

Although no cases were found testing is very worth while and will continue.

Notifications:

In accordance with the rules of the Central Midwives Board, the following notifications were received from midwives:—

	Domiciliary Practice	Maternity Homes
Notification of Stillbirth	2	3
Notification of Death of Child	1	–
Liable to be a source of infection	6	–

Notification of Puerperal Pyrexia:

One notification was received (endometritis) from a domiciliary midwife.

Medical Aid:

Medical aid was sought by domiciliary midwives on 147 occasions from family doctors for the following conditions:—

	No. of Cases
RELATING TO THE MOTHER:	
ANTE-NATAL CONDITIONS	
Ante-partum haemorrhage	9
Abnormal presentation	1
Toxaemia	2
Multiple pregnancy	1
Eclampsia	1
Hypertension	1
Other medical conditions	3
DURING LABOUR:	
Premature labour	3
Prolonged labour	3
Mal-presentation	6
Foetal distress	3
Perineal tear	56
Intra-partum haemorrhage	1
Post-partum haemorrhage	15
Retained placenta	6
Precipitate labour	2
Others	3
PUERPERIUM:	
Puerperal rise of temperature	9
Thrombo-phlebitis	4
Suppression of lactation	1
Secondary post-partum haemorrhage	1
RELATING TO THE CHILD:	
Feebleness	3
Asphyxia	6
Deformity	2
Prematurity	1
Discharging eyes	2
Skin blemish	1
Stillbirth	1
TOTAL:	147

Calls for medical aid to the three maternity homes numbered 450 in respect of Bolton mothers.

Maternal Mortality:

There were no maternal deaths in Bolton during 1960.

Flying Squad:

The Emergency Obstetric Team from Bolton District General Hospital was called on by domiciliary midwives on 19 occasions, 4 being for cases of adherent placenta and 15 for post-partum haemorrhage.

District Midwifery Training:

Eleven pupil midwives completed their Part II midwifery training in Bolton.

Owing to the resignation of one district teaching midwife in August only two pupils could be received for training for each three month period so arrangements were made for two to be trained by Lancashire County midwives.

Refresher Courses:

One midwife attended a refresher course held at Bedford College, London.

HEALTH VISITING

Staff:

At the end of the year the staff comprised:—

Superintendent Nursing Officer
Deputy Superintendent Health Visitor/School Nurse
Centre Superintendent
2 Health Visitors engaged solely on problem families
17 Health Visitors/School Nurses
2 Tuberculosis Health Visitors
6 School Nurses

TOTAL: 27 plus 3 administrative staff
AUTHORISED ESTABLISHMENT: 40 plus 3 administrative staff

Included in the above were two student health visitors who completed their training at the Technical College, Bolton. They were successful in passing their examination and joined the staff of the department in June.

Five health visitors resigned from the department during the year. One was reappointed.

STAFF SHORTAGES:

The Ministry of Education and the Ministry of Health—Joint Circular 12/59, 26/59—"Health Visiting Service" published in October 1959 recommended that local authorities should make an early review of their staffing needs on the basis of the field of work and functions to be undertaken by health visitors so that an establishment which truly reflected the requirements could be settled. In the circular it was estimated that one health visitor to 4,300 population was a reasonable average. In Bolton the ratio was one health visitor to 7,600 population.

The shortage of staff was most acute amongst the district health visitors, their numbers having decreased from 26 in 1956 to 17 in 1961. As a result their districts were much enlarged and they had difficulty in carrying out their duties, partly due to the time spent in travelling to and from their areas.

The desirability of providing car allowances for a number of health visitors whose districts were situated on the outskirts of the town was explored and a survey was carried out to ascertain the amount of travelling time that could be saved by the use of cars. At the end of the year arrangements were in hand for the provision of six car allowances.

Two clinic nurses were redesignated as school nurses, and the two vacancies for clinic nurses were advertised at the end of the year in an effort to relieve still further the health visitors of many routine duties in the clinics and schools.

Consideration was also given to the employment of suitable women without nursing qualifications to undertake certain routine duties in schools, such as weighing and measuring of children and hygiene inspections. It was planned to appoint two of these health assistants early in the new year.

The Joint Circular 12/59, 26/59 expressed the hope that local authorities would do their utmost to recruit health visitors and meet the requirements of the service, and for this purpose to sponsor suitable students. As a result of this recommendation the terms of agreement of the bursary scheme were revised and made more financially favourable to the student health visitors.

STAFF TRAINING:

It is the policy of the department to arrange for the health visitors to attend refresher courses at intervals of five years. During the year some difficulty was experienced in obtaining places at courses organised by the Royal College of Nursing and the Women Public Health Officers' Association. The Deputy Superintendent Health Visitor attended for one week a course organised for Superintendent and Senior Health Visitors and School Nurses at Cambridge.

STUDY DAYS:

Lectures for the staff were organised on the lines established the previous year. Health visitors from adjacent areas were invited to attend. The programme consisted of lectures given by:—

Mr. M. Lentin, M.B., F.R.C.S., Consultant Surgeon
Subject—Cardiovascular Surgery

Dr. W. Dickson, M.B., M.R.C.P., D.C.H., Consultant Paediatrician
Subject—Coeliac Syndrome

Our sincere thanks are due to the officers who assisted with these talks.

In addition a one day course entitled "Recent Advances in Health Education" was organised for the staff of the Health Department by the Central Council for Health Education. The Programme consisted of:—

Lecture: NEW SPHERES OF HEALTH EDUCATION

Health of the middle aged. Cancer education. Mental Health. A new look at parentcraft. Community health.

Lecture: How Effective Are We?—

An account of recent evaluation procedures in Britain.

Smoking and lung cancer. Public interest in health education Response to posters. Venereal diseases. Health education by correspondence.

Developments in the Use of Film.

Television and Mass Media, including an account of the Baltimore experiments.

Speaker: A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H., Medical Director, The Central Council for Health Education

Training of Student Nurses and other Visitors

The Medical Officer of Health and the Deputy Medical Officer of Health have given lectures to the student nurses at the Bolton School of Nursing in accordance with the requirements of the General Nursing Council's syllabus.

Practical experience of the work of the Public Health Department has been given to the nurses in training in the hospitals. During the year several student nurses visited the child welfare and ante-natal clinics. In addition to this 22 student nurses spent a day accompanying the health visitors on their visits. This practical experience was followed by a discussion group held at the School of Nursing when points of interest raised during the visits of the students were discussed. The discussion groups were attended by the Medical Officer of Health, the Nursing Officers of the Health Department, the Sister Tutors and the Student Nurses.

Pupil midwives taking Part II training for the Central Midwives Board examination attended the child welfare centres for instruction in child care in accordance with the syllabus.

All health visitor students attending the course at the Technical College in Bolton received their introduction to public health by a visit to the Health Department at the beginning of the course. Five of these students subsequently were attached to the department for their practical training by experienced and senior health visitors.

Practical training and demonstration was given to 9 student health visitors from the Manchester Technical College course, who spent a day in the department.

Other visitors to the department who wished to observe the work of the health visitors included a doctor studying the maternity and child welfare services on a Central European Treaty Organisation Fellowship, a student studying local administration in the Department of Social Administration at Manchester University who spent 3 days and three Social Science Students who spent 2 days observing the work of the health visitors.

Several students attending teacher training colleges have visited from time to time.

Home Visits:

The Joint Circular 12/59, 26/59 commenting on the recommendations of the Working Party's Report regarding the health visitor's function stated that "The sphere of work of the health visitor should be broadly based and should extend to the whole family. She will be in touch with most families where there are children and should pay increasing attention to their mental health."

This pattern of visiting has now entirely superseded the routine visits of the past. The health visitors find that they are spending more time on each visit, particularly when a mental health problem exists.

As a result the total number of visits carried out in the year decreased from 43,263 to 38,590.

Analysis of Home Visits

First visits to expectant mothers	226
Subsequent visits to expectant mothers	272
First visits paid to newly-born babies	2,554
Subsequent visits paid to children under 1 year	9,903
Visits to children 1 – 2 years	6,041
Visits to children 2 – 5 years	11,600
Infant death enquiries	8
Infectious disease visits	41
After-care visits	207
Chronic sick visits	2,241
Visits in connection with priority re-housing on medico-social grounds	272
Visits in connection with the B.C.G. Survey — Medical Research Council	1
Ineffective visits to households	3,799
Miscellaneous visits	1,425
TOTAL:	38,590

A high proportion of the health visitors' time was spent in visiting unsatisfactory families who needed much support and encouragement in order to attain and maintain a reasonable standard of living.

Mothers continued to seek consultation with the health visitors, both at the clinics and at the Health Department. If the health visitors were able to work from bases on their own districts they would be more readily available for this very important aspect of their work.

Tuberculosis Visiting:

Two full-time health visitors who combine the work of tuberculosis visiting with that of attendance at Chest Clinic sessions have carried out the following visits:—

Number of visits to patients	1,941
Number of ineffective visits	505

The number of home visits to patients has decreased from 2,424 in 1960 to 1,941 in 1961.

Geriatrics:

The care of the elderly and aged is still a problem. An increasing amount of the health visitors' time is taken up with visiting these cases to ascertain their needs, and call upon any service that may be required. This may be urgent admission to hospital, or the provision of a district nurse, or home help. Many of the old people live alone and are housebound so that loneliness becomes one of their biggest problems. Family responsibility towards the needs of their elderly relatives tends to be very lax in some cases. There are some old people who may be visited by their sons or daughters only once or twice a year The helpful neighbours of the past are not, in these days, so ready to accept the responsibility of seeing to the needs of these people. More and more is left to the Welfare State.

Many old people brought to our notice are ambulant, live alone or sometimes with relatives and tend to become neglectful of their personal hygiene and clothing. This is not always the fault of the relatives as many of the aged become senile, rather stubborn and will not allow a relative to assist with personal hygiene. Those living alone cannot be bothered or in some cases are not just able to make the effort on their own to have a daily wash. Very often this group with persuasion will accept assistance from a stranger. These people do not need the services of a district nurse or health visitor but someone who would take an interest in their welfare, paying weekly or monthly visits to assist with bathing, changing of personal clothing and cutting of toe nails, all of which would help to raise the morale of the aged without too much effort on their part. This would keep them ambulant, retain their independence and enable them to enjoy the comfort of their own home much longer. Some old people are very conscious when they begin to neglect themselves but seem unable to remedy this matter on their own. It is when this state of affairs occurs that the elderly person and his home become repulsive to relatives, friends and home helps.

We are again indebted to the Rotary Club who have helped with regular visitation to several groups of the old people living alone in various parts of the town. Some church groups continue to visit the elderly in their own parishes. Several groups of senior school girls are also visiting the aged around their own homes. The interest of these groups is greatly appreciated by the old people and also by the health visitors who are often concerned that their visits to the elderly, due to pressure of work, are far too infrequent.

One health visitor was responsible for liaison with the Geriatric Physician and the Geriatric Department of the Bolton District General Hospital as in previous years. The health visitors are notified of all patients discharged from geriatric wards and they are visited as soon as possible.

Last year the number of domiciliary visits paid by the Geriatric Consultant was less due to the lack of medical staff at Bolton District General Hospital. Requests for social investigations carried out by the health visitors also show a decrease, but there was an increase of geriatric cases on the register requiring routine visiting.

No. of geriatric cases visited by health visitors	1,483
No. of visits to geriatric cases	2,241
No. of social investigations carried out on behalf of the Geriatric Department	206
No. of domiciliary visits paid by the Geriatric Consultant accompanied by health visitor.	113

Paediatrics:

Liaison between the Paediatric Physician and the health visitors has been maintained and strengthened. Health visitors have attended the paediatric out-patient clinics and the ward round for the mutual exchange of information between the clinicians and the social workers.

Mother and Baby Survey:

During the year the health visitors were able to assist the Paediatric Consultant in an investigation into the effects of hospitalisation on the very young patient. During a six month period, all children discharged from the paediatric wards were visited by the health visitors. Information on the home background and any symptoms arising in the child since discharge from hospital were noted and recorded. The aim of the investigation was to assess the value of the Mother and Baby Unit by regarding the children admitted to the unit with their mothers as subjects and children nursed in the open wards as controls. The number of visits made by the health visitors during the survey was 51.

After discharge a copy of the consultant's letter to the general practitioner concerning diagnosis and treatment of the child in hospital continues to be sent to the Medical officer of Health. The health visitor who attends the hospital also keeps in touch with admissions and discharges and when necessary passes information about cases to the other health visitors.

Health Education:

Individual health teaching has continued at the child welfare and ante-natal clinics where posters and leaflets have been displayed.

In connection with the National Fire Prevention Week Exhibition held in November, the health visitors prepared a display in a corner window at the Fire Brigade Headquarters. We are indebted to the Chief Fire Officer for the facilities offered.

Mothercraft Class:

The mothercraft class continues to be a weekly feature in the work of the Health Department. The class is held each Tuesday afternoon. Since October we have had the use of the physiotherapy room which has proved much more satisfactory for all concerned.

The attendance of mothers at the class continues to increase. Expectant mothers attending these classes are all primipara booked for domiciliary confinement, or those to be confined in the local maternity homes or in Bolton District General Hospital. Each week a short talk or demonstration is given by a health visitor or midwife and when possible a film strip is shown on the following subjects:—

Importance of ante-natal care.
Diet in pregnancy
Preparation for confinement room, equipment, layette, cot, the family
Physical changes and minor ailments of pregnancy
The birth of the baby—use of gas and air, trilene
When mother returns home with baby
Breast Feeding—Artificial Feeding
Vaccination and Immunisation
Accidents in the Nursery

Following this short talk, free discussion is encouraged and mothers are able to discuss their individual problems as they arise.

The class is held in quiet surroundings away from the hustle of a busy ante-natal clinic. In this atmosphere mothers are much more receptive and keen to learn the art of mothercraft.

A relaxation class for expectant mothers is now held on Tuesday afternoons prior to the mothercraft class. The physiotherapist is then able to advise mothers on the value of relaxation exercises and book appointments for those wishing to attend during the week.

During the year several groups of student nurses and senior school girls have made visits to the class as part of their study of mothercraft,

Individuals attending mothercraft classes during 1961 ..	241
Number of actual attendances	946
Average weekly attendance	22
Number of Sessions	43

Attendance of Health Visitor at a Group Practice Surgery:

The Joint Curcular 12/59, 26/59 considered that health visitors could with advantage work in association with general practitioners in giving health education and social advice in their homes to patients suffering from physical and mental illness.

Liaison between general practitioners and health visitors has always been good in Bolton. One health visitor has attended weekly at a general practitioner's surgery in a group practice since 1956. In June, as a result of the Report of the Joint Working Party of the College of General Practitioners and the Royal College of Nursing published early in 1961, the general practitioners of a second group practice requested the attendance weekly of a health visitor to be available for consultation with the mothers attending at an ante-natal and child welfare session.

The prospect of basing a health visitor at a group practice surgery was explored as the next step in strengthening co-operation with the general practitioners.

The Prevention of Break-up of Families:

The recognition of the unsatisfactory family and the support and help given by the health visitors formed one of the most difficult and time consuming aspects of their work.

During the year the health visitors supervised a total of 425 unsatisfactory families. Many of these families were helped to rehabilitate themselves. In October the specialist health visitor who had worked solely with problem families for six years returned to general health visiting, and in December a district health visitor replaced her. A second health visitor was allocated to work with problem families in March. As an introduction to this specialised work she spent a week with the Family Service Unit in Manchester. An account of her work follows:

"Usually the health of the parents was below par and an apathetic, hopeless outlook characterised most of them.

In practically all cases the father was persistently unemployed. The income, however, was frequently supplemented by various means. The following are examples:—(a) a short period of part-time work without notifying the National Assistance Board, (b) the illicit sale of hire purchase goods, (c) gas and electricity meters were broken into, (d) when working the men brought home equipment from work, (e) one girl admitted to shop lifting, (f) a mother and two of her children were brought before the Court for shop lifting.

There was poor management of an inadequate income resulting in debts. Most of the families had their gas and electricity cut off at some period, and a few of the fathers were adept at reconnecting the supply. The hardships of cooking on the fire and sitting in candlelight were soon accepted and usually no attempt was made to pay off the bill, without a good deal of encouragement.

The homes were disorderly but only a few were habitually dirty.

Several of the men served short term prison sentences for debt.

Only three families were of such low mentality as to make them any different from their neighbours.

There were two cases of diagnosed mental illness and the children were taken into care.

Without exception the parents seemed to have a grudge against society and their fear of authority showed in their withdrawal and apathy or by their aggressiveness and more positive refusal to co-operate with the various agencies. The mothers frequently had an obsessional dread of going to antenatal clinics, infant welfare clinics or even to the doctors. This fear was emotional rather than logical.

On the whole the children were better fed and clothed than the parents. In only one case had I reason to believe that there was physical cruelty. This fits in with a recent survey which has shown that this is confined to a small group of mentally unbalanced parents.

Mental cruelty and emotional deprivation were more common, but not marked in the families I visited. Inconsistency and lack of discipline were the main trouble. The children were not taken out very often and they had little or no playing materials.

Their independence at an early age, in some cases, was striking. They soon learned to fend for themselves and were sent out on errands even under the age of three years.

Any deprivation seemed to be due to ignorance rather than lack of affection for the child.

The majority of the mothers gave a history of an unhappy childhood, where there had been an unstable or broken home, with a drunken father or shiftless mother. Most of them admitted marrying to get away from home or because a baby was expected. No provision had been made for a home so they lived with relatives or in a furnished room. Trouble soon started and they began their endless moving about.

In the short time that I have dealt with problem families I found that the hardest of them reacted favourably to kindness and understanding. When treated with respect they begin to show signs of self respect. If they were given complete support during a crisis and it was overcome, some degree of confidence was built up and the foundation was laid for some independence in facing problems in the future. Half measures of support which failed seemed to be detrimental, and resulted in further discouragement and degradation.

These people did not seem to have the inclination or the resources of income intelligence and influence to solve the ordinary day to day problems. They were unable to utilise the material help offered by the Welfare State. I found that a satisfactory way of helping them was by acting as their "mouthpiece", as they were usually unable or unwilling to state their own case to the various agencies. Also they frequently misunderstood what had been said to them, and were pacified and more co-operative when it had been explained.

Particular care needed to be taken if a child or children of a family required special help. This had to be done without undermining the parents' position in the family and increasing their feelings of incompetence and also without increasing the child's difficulties by causing conflict between his home and outside support."

The Care of Problem Families by the N.S.P.C.C. Visitor:

Complementary to the work of the special health visitors on problem families, there is in Bolton a woman visitor on the staff of the local branch of the National Society for the Prevention of Cruelty to Children who works in close co-operation with the department and with the Co-ordinating Committee for the Care of Children.

During the year the visitor has had 35 cases under her supervision. Nineteen of these were carried forward from the previous year and 14 were new cases involving 39 children. Two old cases were re-opened. Nine cases were closed as 'satisfactory' during the year and 4 were handed back to the Inspector of the N.S.P.C.C. being cases needing further action or having left the area. Twenty-two cases were still under supervision at the end of the year. All told, 661 visits of supervision and 487 miscellaneous visits to public officials, voluntary organisations, etc., were made.

HOME NURSING

The Home Nursing Service has been well staffed during the year and the patients have benefited by receiving adequate nursing care in a less hurried manner.

Staff:

The staff at the 31st December was as follows:—

	Superintendent	
	Deputy Superintendent	
15	Queen's Nurses	
3	State Registered Nurses	
4	State Enrolled Nurses	
6	Part-time Queen's Nurses	Averaging 26 hours each per week
1	Part-time State Registered Nurse	
31	Equivalent in full-time staff – 28, including administrative staff.	

TOTAL NURSING STAFF

In addition there were two students taking the District Nurse Trainir Course.

Authorised establishment : 29 + 2 administrative staff.

The existing arrangements for receiving messages at the Health Departme between 8.30 a.m. and 6.30 p.m. have remained unchanged. The Ambulanc Station continues this service after 6.30 p.m. and passes on any messages fro doctors to the nurses on evening duty if urgent. Otherwise, they are passe to the Superintendent of Home Nursing on the following morning.

Statistics of Cases and Visits:

The following statistics show the number of patients nursed and total visi paid during the year. Comparative figures are also shown for the past thr years. These show a reduction of 4,698 visits in 1961. This is mainly due to decrease of 3,507 visits to diabetic patients for insulin treatment and a decrea of 920 visits for surgical dressings.

	No. of patients being nursed at beginning of month in each year				New Cases				Nursing Visits			
	1958	1959	1960	**1961**	1958	1959	1960	**1961**	1958	1959	1960	**1961**
January	927	942	975	**948**	295	300	225	**300**	10,495	10,320	10,242	**10,19**
February	946	969	977	**986**	245	328	235	**237**	9,348	9,905	10,256	**9,40**
March	932	971	978	**966**	273	263	218	**180**	10,226	10,428	10,966	**9,42**
April	913	971	984	**927**	242	237	192	**183**	9,520	9,966	10,116	**9,02**
May	899	999	944	**938**	229	211	184	**188**	9,452	9,535	10,050	**9,79**
June	895	992	921	**921**	201	188	181	**172**	8,851	9,697	8,797	**8,72**
July	889	979	921	**914**	224	190	166	**164**	9,060	9,334	8,420	**8,44**
August	914	984	930	**907**	196	200	180	**181**	9,354	9,730	9,535	**9,12**
September	918	967	931	**925**	198	175	167	**161**	9,458	9,122	8,833	**8,46**
October	911	973	913	**928**	231	209	167	**160**	9,731	9,623	9,292	**9,34**
November	925	982	924	**923**	225	188	210	**165**	9,110	9,626	9,684	**9,10**
December	936	976	949	**954**	251	182	209	**220**	9,896	9,976	9,728	**10,17**
TOTALS:					2,810	2,671	2,334	**2,311**	114,501	117,262	115,919	**111,22**

	1961	1960
Patients being nursed on the 1st January ..	948	975
New patients attended during the year ..	2,311	2,334
TOTAL CASES NURSED: ..	3,259	3,309
Patients remaining on the books at the 31st December	994	948

NURSING VISITS IN AGE GROUPS:

	CASES	VISITS
Children under 5 years	70	490
5 – 64 years	1,215	38,718
65 years and over	1,974	72,013
TOTALS:	3,259	111,221

LASSIFICATION OF CASES NURSED BY DISEASE AND AGE:

The following table shows in detail the variation in treatments carried out:—

Condition	Age Groups		
	0–4 years	5–64 years	65 years and over
uberculosis	–	95	6
ther infectious diseases	9	11	18
rasitic diseases	–	1	–
alignant and Lymphatic neoplasms	–	83	115
sthma	–	6	3
iabetes mellitus	–	21	46
naemias and Debility	–	95	240
ascular lesions affecting the Central Nervous System	–	65	238
ther mental and nervous diseases	–	54	39
iseases of the Eye	1	4	9
iseases of the Ear	6	9	1
iseases of the Heart and Arteries	–	87	274
iseases of the Veins, Thrombophlebitis and Varicose Ulcers	–	18	41
pper Respiratory diseases	1	36	14
ther Respiratory diseases	29	118	177
onstipation	7	67	86
ther diseases of the Digestive System	7	45	41
iseases of the Urinary System and Male Genital organs	1	18	23
iseases of the Breast and Female Genital organs	–	50	130
omplications of Pregnancy and the Puerperium	–	26	–
iseases of the Skin and Subcutaneous Tissues	4	49	23
iseases of Bones, Joints and Muscles	–	94	97
njuries	2	29	33
enility	–	4	282
ther defined and ill-defined diseases or disabilities	3	13	6
iseases not specified	–	117	32
TOTALS	70	1,215	1,974
GRAND TOTAL	3,259		

Comparison with last year's figures shows that the main differences in diseases of the patients attended by district nurses were, an increase of 40 cases of respiratory diseases and 38 cases of senility, and a decrease of 10 cases of diabetes and 87 cases for X-ray preparation.

During the year a change was made in the method of routine preparation of patients for certain X-rays, a drug taken by mouth being given instead of an enema so that there was no need for the district nurse to give the treatment.

Nursing Treatments:

The following tables show an increase in bedside nursing and a decrease in other treatments. New methods, medicines and antibiotics—many taken orally—have reduced the need for certain nursing treatments. More aged and incurable patients remained at home until they died instead of being transferred to hospital.

GENERAL NURSING:

	1960	1961
Bedside nursing	43,327	**44,496**
Bed baths	9,655	**8,919**
Surgical dressings	14,892	**13,970**
Enemas	1,370	**1,067**
Attention to pessaries	662	**550**
Douches, catheterising, etc.	1,572	**1,551**
Preparation for X-ray investigation	257	**150**
Other treatments—eye drops, ear swabbing, observation visits	1,973	**1,017**
Minor operations	8	**6**
TOTALS:	73,716	**71,726**

INJECTIONS:

	1960	1961
Insulin	15,199	**11,692**
Streptomycin	8,760	**9,584**
Penicillin	4,258	**3,784**
Drugs for cardio-renal diseases (Mersalyl, Neptal, etc.)	6,978	**6,573**
Drugs for Anaemia, Debility, etc. (Anahaemin, Cytamen, etc.)	12,130	**12,215**
Miscellaneous	1,364	**1,528**
Narcotics	487	**1,295**
TOTALS:	49,176	**46,671**

SUMMARY OF NURSING TTREATMENTS:

	1960	1961
General Nursing	73,716	**71,726**
Injections	49,176	**46,671**
TOTALS:	122,892	**118,397**

)isposal of Cases:

Month	Fully recovered	Removed to Hospital	Died	Not recovered but not requiring further nursing	Total
nuary ..	98	46	80	38	262
ebruary ..	101	47	71	38	257
larch	90	41	53	35	219
pril	65	33	45	29	172
lay	68	47	49	41	205
ne	73	36	36	35	180
ly	64	41	29	35	169
ugust	62	29	36	37	164
eptember ..	57	35	30	36	158
ctober ..	65	33	44	23	165
ovember ..	68	21	30	15	134
ecember ..	81	29	58	12	180
TOTALS ..	892	438	561	374	2,265

.aundry Service:

The laundry service has again proved of great value in the nursing of ncontinent patients. One hundred and eighty two patients were assisted uring the year. The average number needing the service during the summer as 43 and during the winter 57. At the end of the year 63 patients were receiv- ng the service. The number of patients needing this service has increased ach year.

Nursing Equipment:

A detailed list of equipment loaned to patients is given on page 70.

Treatment Sessions in the Health Department:

A total of 81 patients attended the Home Nursing Section in the Civic Centre for injections. Total visits were 4,491.

Attending daily	26
Attending three times a week	28
Others, varying from weekly visits to monthly visits	27

Most of the patients were recovering from tuberculosis. Streptomycin njections are continued from six months to two years and as many patients re working it is more convenient for them to attend the clinic than wait for he nurse to pay a home visit. The clinic is open from 2.30 p.m. to 6.30 p.m. ach day.

District Nurse Training:

Four students completed the four months' course of training arranged by he Queen's Institute of District Nursing and approved by the Ministry of Health. All were successful in passing the examination.

Training of Hospital Student Nurses:

As part of their training, twenty-two students from the Bolton School of Nursing attended the Home Nursing Section of the department and accom- panied district nurses on their "rounds" to the patients' homes.

In addition, seven students from Townley's Branch Hospital spent a d with the State Enrolled District Nurses to see the nursing care given to patie in their homes.

Refresher Courses:

One district nurse attended a ten-day refresher course held at the Willi Rathbone Staff College, Liverpool, in March.

Four district nurses attended a one-day refresher course held in Lytham a arranged by Lancashire County Council.

Transport:

Twelve district nurses (full-time) receive essential user allowances for t use of their cars for work and two part-time nurses are allowed the cas user allowance.

Four Corporation cars are also available.

IMMUNISATION AND VACCINATION

Immunisation:

During the year the schedule of immunisation followed in the departm broadly conformed to the schedule B recommended by the symposium "Immunisation in Childhood" held in London from May 4th to 6th, 1959. September the Ministry of Health issued circular No. 26/61 giving advice the timing of various immunisation procedures in childhood. Fortunately c of the schedules of immunisation (P) recommended in the circular was mu the same as what we had been following in Bolton and it was unnecessary make alterations.

The table below indicates the routine timing of all the immunisations a vaccinations.

Smallpox Vaccination	Three months of age.
Primary Immunisation (Diphtheria, Whooping Cough and Tetanus)	Three injections at monthly intervals, sta ing at four months of age.
Poliomyelitis Vaccination	Two injections at monthly intervals, starti at seven months of age.
Booster Injections	One injection for diphtheria, whoopi cough and tetanus given simultaneously w one for poliomyelitis, but given into separ arms during the second year of life.
	One injection for diphtheria and tetanus a one for poliomyelitis in school when f years old.

During 1961 triple antigen, incorporating antigens against diphthe whooping cough and tetanus, has been used in the child welfare centres a by general practitioners. However, single antigens and combinations of t antigens were always available to meet the requirements of special cas The booster of triple antigen during the second year of life is given prima to produce adequate immunity to tetanus.

It will be seen that the schedule is complicated and the child has to receive multiplicity of injections—not, however, as many as when the antigens are ven separately. It is to be hoped that the present Medical Research Council's ials of oral poliomyelitis vaccine will show that it is safe and effective so that jections of poliomyelitis vaccine will not be necessary.

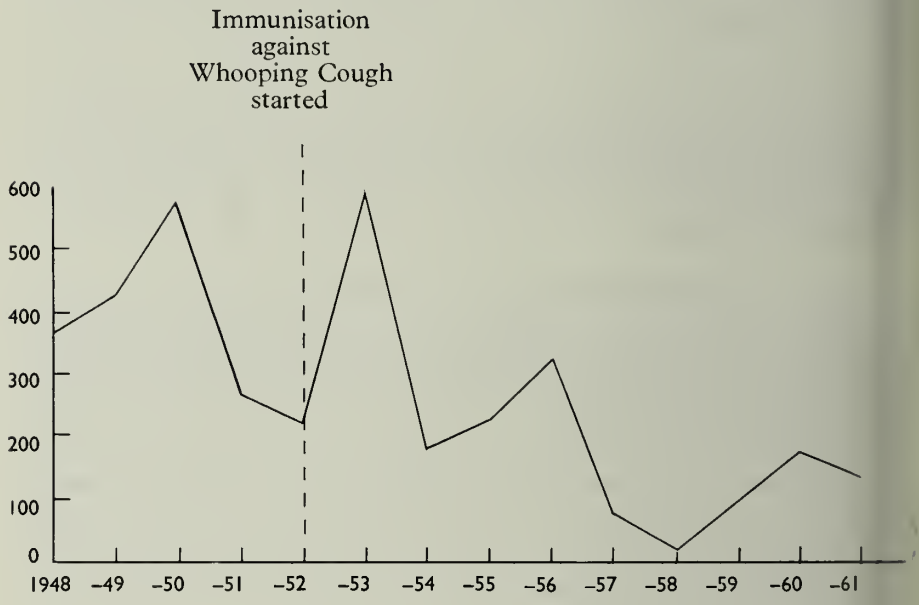
Because of the outbreak of poliomyelitis in the autumn and the possibility immunisation provoking poliomyelitis, immunisation was stopped for approximately a month. This is the main reason for there having been fewer ildren immunised this year compared to 1960.

After five years of using triple antigen there is now a substantial number of ildren in Bolton who have been immunised against tetanus. These children not need to be given anti-tetanus serum if they sustain a laceration, and it is arranged that general practitioners and hospital staff could telephone the ealth Department to find out the tetanus immunisation state of casualties, they were in any doubt.

During the year personal immunisation and vaccination record cards have en issued for each baby by the health visitor at her primary visit. These are bsequently completed and should be presented as necessary on any future sits to a general practitioner or a hospital, and are particularly important if a ild receives a cut. The aim is to provide a written, permanent record for each ild which the mother can keep.

Unfortunately the hospitals still have difficulty in some cases in obtaining formation about whether or not a patient has been satisfactorily immunised ainst tetanus. It is impossible to get the information from the files in the ealth Department when the office is shut and very few of the children who tend the Infirmary Casualty Department carry their personal immunisation cord card. This is being looked into and it is hoped improved arrangements n be made to inform the hospital.

Incidence of Whooping Cough in Bolton, 1948 to 1961



Number of cases of whooping cough notified—143
106 were 5 years and under
37 were over 5 years

15 children under 5 had been immunised
3 children over 5 had been immunised

Age at Immunisation

							Re-inforcing Injections			
	Diphtheria only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	Whooping Cough only	Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/ Tetanus and Tetanus only	Totals
2–8 months	1	2	1	1,276	–	–				1,280
9–11 months	–	3	2	201	–	–				206
1–2 years	–	1	–	176	–	–	–	991	5	1,173
2–3 years	1	3	–	58	–	–	–	102	5	169
3–4 years	–	2	–	46	–	–	–	56	1	105
4–5 years	–	1	–	29	–	–	1	38	9	78
Total 0–5 years	2	12	3	1,786	–	–	1	1,187	20	3,011
5–6 years	3	31	–	10	–	–	11	29	130	214
6–7 years	2	197	–	12	–	–	3	8	870	1,092
7–8 years	–	54	1	6	–	–	4	6	248	319
8–9 years	–	2	–	3	–	–	–	3	23	31
9–10 years	–	2	–	1	–	–	–	9	1	13
10–11 years	–	2	–	1	1	–	–	2	6	12
11–12 years	–	3	–	1	–	–	1	2	1	8
12–13 years	–	3	–	3	–	–	–	–	–	6
13–14 years	–	1	–	1	–	–	–	1	–	3
14–15 years	–	1	–	–	–	–	–	1	–	2
Total 5–15 years	5	296	1	38	1	–	19	61	1,279	1,700
Grand Total	7	308	4	1,824	1	–	20	1,248	1,299	4,711

Source of Immunisation

	Diphtheria Immunisation only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	Whooping Cough only	Re-inforcing Injections		
							Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/ Tetanus and Tetanus only
No. of Children Immunised at Child Welfare Centres ..	3	71	–	1,474	3	–	–	1,057	27
No. of Children Immunised in Schools	2	238	–	10	–	–	16	16	1,271
No. of Children Immunised by General Practitioners and for whom a record card was received by the Health Department	2	1	4	347	17	2	5	167	1
TOTALS	7	310	4	1,831	20	2	21	1,250	1,299
GRAND TOTAL ..	4,744								

Diphtheria Immunisation in relation to Child Population

Age Group	Percentage of mid-year Population completely immunised
Under 1 year	56·8
Aged 1–4 years	70·0
Aged 5–14 years	82·3
TOTAL UNDER 15 YEARS ..	77·1

Diphtheria Immunisation

The following table shows the number of children immunised during the past fourteen years :—

Age at date of inoculation	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Totals
Under 1 year	756	799	835	698	651	671	1005	1323	1205	1278	1375	1439	1559	1486	
1–2 years	1115	657	606	670	638	588	554	414	187	196	177	199	169	177	0–5 years 8,130
2–3 ,,	103	124	94	76	100	79	70	110	48	35	28	49	54	62	
3–4 ,,	59	48	72	60	63	43	42	58	32	24	20	25	28	48	
4–5 ,,	75	58	53	46	56	90	49	69	37	32	23	18	30	30	
5–6 ,,	100	114	93	58	164	260	490	673	359	326	288	97	43	44	
6–7 ,,	77	94	83	35	163	249	35	88	57	65	24	156	197	211	5–10 years 8,915
7–8 ,,	33	37	63	21	64	151	9	12	4	2	3	6	62	61	
8–9 ,,	20	26	54	5	32	162	3	2	2	1	–	2	8	5	
9–10 ,,	16	23	43	1	2	26	–	4	3	–	2	–	6	3	
10–11 ,,	5	9	7	2	1	10	–	3	1	–	2	3	1	3	
11–12 ,,	3	–	9	–	–	17	–	2	–	1	–	1	–	4	10–15 years 10,350
12–13 ,,	1	–	2	–	1	10	–	–	–	–	–	1	1	6	
13–14 ,,	–	1	–	–	1	15	–	2	–	–	1	–	–	2	
14–15 ,,	1	–	1	–	–	5	–	–	–	–	–	–	1	1	
15 years and over	2	1	2	6	1	2	1	1	–	2	2	6	9	9	Over 15 years 2,155
Totals	2366	1991	2017	1678	1937	2378	2258	2761	1935	1962	1945	2002	2168	2152	29,550

Vaccination against Poliomyelitis:

The open sessions which began in November 1958 and at which persons could attend for vaccination without prior registration have continued throughout the year. Sessions were held each Saturday morning and Wednesday evening. Fourth poliomyelitis injections for children aged five to twelve were introduced in May and the bulk of these injections were given in the schools, provided at least a year had elapsed following the third injection.

Unfortunately, despite extensive publicity, the response for poliomyelitis vaccination in persons aged twenty-five to forty years has remained a poor one though there has been an improvement.

The following table shows the progress of the poliomyelitis vaccination campaign during 1961:—

	Month in which second or third injection given						Total
	Jan/Feb	Mar/Apl	May/June	July/Aug	Sep/Oct	Nov/Dec	
Persons given primary (first and second) injections ..	492	682	3,411	2,741	2,390	2,278	11,994
Persons given "booster" 3rd	1,183	1,245	725	578	366	37	4,134
injections 4th	–	–	8,137	599	144	–	8,880

Vaccination against poliomyelitis was continued at the child welfare centres and during the year 11,994 persons received both first and second injections, 4,134 received third injections, and 8,880 received fourth injections. It was administratively more convenient to give third injections at the Civic Centre, but an increasing number of third injections, and a few fourth ones have been given at child welfare centres since these are often more conveniently situated for mothers with large families. Towards the end of the year the number of third injections given was less because of a shortage of vaccine.

The table shows the number of people vaccinated in various groups since the scheme began in 1956:—

By 31st December	Numbers who have received two injections since scheme began						Numbers who have also received "booster" injection	
	Born in 1943/1961	Born in 1933/1942	Born before 1933 not yet 40	Expectant Mothers	Others	Total	3rd	4th
1957	4,324	–	–	–	–	4,324	–	–
1958	22,340	4,504	–	982	568	28,394	4,076	–
1959	27,170	11,660	–	1,958	615	41,403	28,451	–
1960	29,276	12,102	2,884	2,295	798	47,355	40,990	–
1961	35,064	13,960	6,888	2,450	987	59,349	45,124	8,880

The percentages in certain age groups receiving two injections during 196(and 1961 were as follows:—

1960		1961	
Age Group	Vaccinated	Age Group	Vaccinated
0 – 16 ..	.. 62 per cent	0 – 17 ..	.. 73 per cent
17 – 27 ..	.. 53 per cent	18 – 28 ..	.. 65 per cent
28 – 40 ..	.. 9 per cent	29 – 40 ..	.. 24 per cent

Vaccination against Smallpox:

The need remains for babies to be vaccinated against smallpox since th rapidity of air travel may at any time introduce into this country a person wh is contracting smallpox but during the journey feels perfectly well. Revaccina tion in adult life is also much less likely to produce unpleasant complication than vaccination for the first time at that age.

Number of primary vaccinations under 5 years of age:

1952	.. .. ..	639
1953	.. .. ..	1,255(local cases of smallpox)
1954	.. .. ..	1,076
1955	.. .. ..	1,098
1956	.. .. ..	1,073
1957	.. .. ..	1,248
1958	.. .. ..	1,304
1959	.. .. ..	1,358
1960	.. .. ..	1,375
1961	.. .. ..	**1,462**

The bulk of this work was carried out by medical officers at the chi welfare centres.

The above figure for 1961 includes the following children who we primarily vaccinated by family doctors:—

Under 1 year	..	211
1 – 5 years	..	24
Total:	..	235

Summary of Vaccinations:

	Age at date of Vaccination							Tot
	Under 3 months	3 to 5 months	6 to 11 months	1 year	2 to 4 years	5 to 14 years	15 years and over	
No. Vaccinated ..	269	1,009	111	43	30	31	164	1,6
No. Re-vaccinated	–	–	–	3	7	22	371	4

Record cards which had not been previously recorded were received from neral practitioners during 1961 relating to persons vaccinated in 1960 as follows:

PRIMARY VACCINATIONS:	Under 1 year	7
	1 to 4 years	nil
	5 to 14 years	nil
	15 years and over	6
RE-VACCINATIONS:	1 to 4 years	nil
	5 to 14 years	nil
	15 years and over	2

(These figures are included in above totals)

RCENTAGE OF CHILDREN VACCINATED IN RELATION TO BIRTHS DURING THE YEAR:

1952—23% of children under 1 year vaccinated
1953—34% ,, ,, ,, ,, ,, ,,
1954—42% ,, ,, ,, ,, ,, ,,
1955—46% ,, ,, ,, ,, ,, ,,
1956—41% ,, ,, ,, ,, ,, ,,
1957—49% ,, ,, ,, ,, ,, ,,
1958—50% ,, ,, ,, ,, ,, ,,
1959—52.5% ,, ,, ,, ,, ,,
1960—54.2% ,, ,, ,, ,, ,,
1961—51.9% ,, ,, ,, ,, ,,

AMBULANCE

The Local Health Authority continued to provide full ambulance cover hin its own area, and also on an agency basis for Lancashire County Council h in the Turton Urban District area and in respect of John Booth & Sons lton) Ltd. Steelworks which are situated on the Bolton-Westhoughton undary. Ambulance cover was also provided for the National Coal Board at collieries within the borough.

The following table shows the total mileage and the total number of patients ried during the past fourteen years.

ear	Total Mileage			Total Number of Patients Carried			
	Ambulances	Sitting Case Vehicles	Totals	Ambulances	Sitting Case Vehicles	Totals	Average Mileage per Patient
48			95,854			19,172	5·0
49			106,966			24,209	4·42
50	95,988	32,378	128,366	27,654	4,342	31,996	4·0
51	98,296	61,845	160,141	28,630	8,596	37,226	4·3
52	94,052	59,657	153,709	25,365	10,806	36,171	4·25
53	79,592	72,928	152,520	19,749	17,353	37,102	4·1
54	76,792	79,712	156,504	18,642	24,180	42,822	3·65
55	75,138	87,612	162,750	18,874	31,622	50,496	3·22
56	73,726	87,852	161,578	18,802	32,563	51,365	3·15
57	64,464	93,806	158,270	15,930	33,653	49,583	3·19
58	68,751	93,311	162,062	16,150	33,771	49,921	3·25
59	75,689	86,853	162,542	17,399	32,227	49.626	3·27
60	78,822	95,976	174,798	17,425	40,935	58,360	3·0
61	**78.057**	**95,514**	**173,571**	**15,851**	**40,465**	**56,316**	**3·08**

There was an increase in mileage and patients carried in emergency an midwifery cases, trainees taken to the Cotton Street Training Centre, and patien conveyed to the chiropody clinic. This increase was offset by a reduction in th numbers of patients conveyed to and from out-patient clinics, in the numb of journeys of sixty miles or more, and in the number of journeys by midwiv who did not possess their own cars. Only once in previous years has the overa average mileage per patient been improved upon.

On the 1st May at 23.14 hours, a call was received to the disastrous fire the Top Storey Club, Bolton. Six ambulances, including two from Lancashi County Council, were quickly in attendance and by 01.51 hours the followir day all the dead and injured had been conveyed to the Bolton Royal Infirmary.

Monthly Analysis of work done by the Ambulance Service: Bolton

Month	Patients carried by			Miles travelled by		
	Ambulances	Sitting Case Vehicles	Total	Ambulances	Sitting Case Vehicles	Total
January	1,511	3,689	5,200	6,883	7,314	14,19
February	1,207	3,096	4,303	5,443	6,357	11,80
March	1,099	3,391	4,490	5,369	7,005	12,37
April	1,148	2,915	4,063	5,349	6,466	11,81
May	1,239	3,688	4,927	5,808	7,469	13,27
June	1,089	3,143	4,232	5,584	6,423	12,00
July	1,045	3,077	4,122	5,184	6,740	11,92
August	1,298	3,514	4,812	5,872	7,617	13,48
September	1,269	3,122	4,391	5,868	6,577	12,44
October	1,247	3,368	4,615	5,925	6,994	12,91
November	1,384	2,973	4,357	5,940	6,357	12,29
December	1,468	2,677	4,145	6,191	5,659	11,85
TOTALS ..	15,004	38,653	53,657	69,426	80,978	150,39

Includes agency work for National Coal Board and some 'knock for knock' journeys for neighbouring authorities.

Agency Service for Lancashire County Council

(a) IN AREA OF TURTON URBAN DISTRICT COUNCIL

Month	Patients carried by			Miles travelled by		
	Ambulances	Sitting Case Vehicles	Total	Ambulances	Sitting Case Vehicles	Tota
January	90	144	234	1,089	1,156	2,24
February	49	122	171	474	961	1,43
March	68	166	234	734	1,363	2,09
April	70	202	272	703	1,424	2,12
May	51	164	215	571	1,320	1,89
June	61	126	187	698	1,032	1,73
July	57	124	181	632	1,133	1,76
August	50	117	167	566	1,025	1,59
September	53	143	196	501	1,051	1,55
October	90	172	262	891	1,555	2,44
November	117	190	307	949	1,453	2,40
December	87	142	229	809	1,063	1,87
TOTALS ..	843	1,812	2,655	8,617	14,536	23,15

(b) In respect of John Booth & Sons (Bolton) Ltd.

Patients carried by			Miles travelled by		
Ambulances	Sitting Case Vehicles	Total	Ambulances	Sitting Case Vehicles	Total
4	–	4	24	–	24

Arrangements were made for 13 patients to be conveyed by rail.

Emergency Calls:

Bolton Emergencies and Special Journeys

Type of Case	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Patients
ACCIDENTS IN THE HOME:													
Burns	5	4	3	3	1	2	–	–	1	3	9	5	36
Scalds	7	3	1	4	6	5	2	3	5	3	7	3	49
Falls	35	20	19	28	27	30	30	28	37	32	32	48	366
Gas and Electricity Mishaps	6	4	4	4	3	4	2	4	1	5	3	2	42
Poisonings	6	7	9	7	3	12	6	7	6	12	1	–	76
Collision with structures	1	1	4	1	1	2	2	–	–	–	1	–	13
Cuts (other than from falling)	6	9	3	7	12	12	5	20	9	10	8	3	104
Falling objects	3	2	1	2	3	1	1	3	2	1	2	2	23
Trapping of limbs	–	2	2	2	4	3	2	6	2	1	1	1	26
Swallowing foreign bodies (other than poisons)	1	1	1	–	1	3	6	5	1	1	–	8	28
TOTAL OF ALL ACCIDENTS IN THE HOME	70	53	47	58	61	74	56	76	64	68	64	72	763
Road Accidents	49	29	72	66	55	47	46	54	65	70	67	33	653
Collapse	60	37	31	41	54	41	42	50	39	49	39	76	559
Industrial Accidents	19	10	22	20	22	18	9	11	14	31	27	24	227
Sudden Illness	30	13	27	19	22	30	15	27	19	17	18	25	262
Falls in the Street	24	8	16	21	19	27	20	26	25	21	18	46	271
Children injured at school or at play	26	14	41	26	43	31	30	49	29	35	29	7	360
Violence—													
Fights and Drunks	12	2	2	3	3	8	3	8	9	4	2	10	66
Assaults	–	–	2	1	–	1	–	2	1	1	4	5	17
Drowning	2	1	1	–	–	2	1	2	–	–	–	–	9
Hanging	–	–	1	–	1	–	–	–	1	1	–	–	4
Falls in shops or places of entertainment	2	4	3	3	3	5	3	5	5	4	5	1	43
Sporting Accidents	4	6	2	7	2	4	–	5	3	6	3	–	42
Attacks by animals and insects	10	2	3	4	–	3	7	13	5	2	1	–	50
Fairground Accidents	–	–	–	–	–	1	2	–	–	–	–	–	3
Horseriding Accidents	–	–	–	–	–	–	–	–	1	–	–	–	1
Railway Accidents	–	–	1	–	–	2	1	1	3	–	1	–	9
Miscellaneous	9	5	11	8	*26	8	10	6	13	12	14	22	144
TOTAL EMERGENCIES	317	184	282	277	311	302	245	335	296	321	292	321	3,483
MATERNITY CASES	154	136	147	150	146	148	155	153	143	128	119	154	1,733
LONG JOURNEYS (60 miles or more)	7	6	6	4	2	1	5	5	2	3	3	–	44
TRANSPORT OF MID-WIVES AND GAS AND AIR APPARATUS	24	19	30	44	22	13	22	11	3	5	11	11	215
TRANSPORT OF TRAINEES TO ADULT TRAINING CENTRE	42	40	44	38	40	34	32	44	36	44	44	28	466
TRANSPORT OF PATIENTS TO CHIROPODY CLINICS	71	33	44	47	56	28	32	46	35	63	52	44	551

*Includes fire at the "Top Storey Club" – 20

Turton District Emergency and Maternity Cases

Type of Case	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Patients
ACCIDENTS IN THE HOME:													
Burns	–	–	–	–	–	–	–	–	–	–	–	1	1
Scalds	–	–	–	–	–	–	–	–	–	–	1	–	1
Falls	2	–	1	4	–	3	–	2	1	1	4	–	17
Poisoning (other than gas)	–	–	–	–	–	1	1	–	1	2	–	–	5
Cuts (other than from falling)	–	–	–	–	–	–	1	–	–	–	1		2
Swallowing foreign bodies (other than poisons)	–	–	–	–	–	–	–	1	–	–	–	–	1
Trappings	–	–	–	–	1	–	–	–	–	–	–	–	1
TOTAL OF ALL ACCIDENTS IN THE HOME	2	–	1	4	1	4	2	3	1	3	6	1	28
Road Accidents ..	4	3	–	8	7	4	5	4	6	8	–	4	53
Collapse	7	2	–	1	1	3	1	1	1	3	4	2	26
Industrial Accidents	–	2	–	–	1	1	1	–	–	1	1	–	7
Sudden Illness ..	–	–	–	–	1	–	1	–	–	–	3	2	7
Falls in the Street ..	–	–	2	–	–	1	1	–	–	–	1	1	6
Children injured at school or at play ..	–	–	–	–	–	–	–	–	–	1	–	–	1
Violence—													
Fights and Drunks	–	3	–	3	–	1	2	2	–	2	5	–	18
Railway Accidents ..	–	–	–	–	–	–	–	–	–	1	–	–	1
Sporting Accidents..	–	–	1	–	–	–	–	–	–	–	–	–	1
Attacks by animals and insects	–	–	–	–	–	–	–	3	1	–	–	–	4
Miscellaneous	–	–	–	–	1	–	1	–	2	1	–	2	7
TOTAL EMERGENCIES..	13	10	4	16	12	14	14	13	11	20	20	12	159
TOTAL MATERNITY CASES	15	4	10	11	11	15	10	7	8	18	7	11	127

National Coal Board

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Patients
Industrial Accidents..	1	2	1	3	2	2	1	3	1	1	2	1	20

Total Mileage for Collieries ... 189

Vehicle Strength at 31st December, 1961:

Make	H.P.	Reg. No.	Purchase Date	Total Mileage
AMBULANCES:				
Austin	27	EWH 345	23. 8.51	81,771
Austin	16	JWH 660	9. 3.56	67,261
Austin	16	JWH 699	9. 3.56	69,925
Austin	16	LBN 22	20. 7.57	67,589
Austin	16	MWH 100	29. 4.58	47,494
Austin	16	MWH 101	29. 4.58	46,647
SITTING CASE AMBULANCES:				
Morris	16	GBN 999	10. 3.54	111,219
Morris	16	HWH 499	6. 4.55	74,445
Austin	16	PBN 30	24. 9.59	28,619
Austin	14	PWH 979	28. 3.60	38,772
Bedford	14	LBN 20	8. 3.57	84,439
Bedford	14	LBN 21	21. 3.57	82,994
SITTING CASE CAR:				
Austin	Diesel	TWH 746	24. 6.61	5,185

A new Austin Diesel sitting case car was delivered on the 24th June, 1961.

Staff at 31st December, 1961:

Superintendent
Senior Shift Leader
Liaison Officer (Bolton Royal Infirmary)
3 Shift Leaders
1 Deputy Shift Leader
28 Driver/Attendants
1 Female Attendant
2 Motor Mechanics
1 General Labourer/Greaser

Because of the reduction in the working week to 42 hours it was necessary to increase the number of driver/attendants from 26 to 28.

Ambulance Control Room:

As in previous years, the Control Room was used for a variety of applications for services outside normal working hours, including messages for district nurses and general practitioners, requests for emergency transport of midwives, oxygen, the Hospital Flying Squad and "night sitters".

Civil Defence—Ambulance and First Aid Section:

There were 177 volunteer members of the section, of whom 80 have completed their standard training and 97 were partly trained. Thirty-six members were attending regularly and 23 qualified in first aid.

Three exercises were held during the year in co-operation with other sections of the Corps.

Four shift leaders of the Borough Ambulance Service are certificated instructors to the section.

The Deputy Medical Officer of Health, an Assistant Medical Officer and members of the Borough Ambulance Service have been responsible for first aid training and the Deputy Superintendent of the Home Nursing Service lectured on Home Nursing to members of the Welfare Section.

A third ambulance was delivered for training purposes and exercises.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

Meetings of heads of sections of the department were held specially to discuss health education projects and the committee of representatives of the different branches of the department also met.

To obtain additional continuous publicity on health education, twelve sites for poster display were obtained from a local billposting firm, arrangements were made to have poster display boards placed on the outside of certain Health Committee buildings and a display window on one of the outside walls of the Ambulance Station. A list of talks which members of the staff of the Health Department are willing to give was circulated to interested organsiations such as Parent/Teacher Associations, Women's organisations and Youth Organisations. Posters for display in schools and leaflets for distribution to parents on dental hygiene and smoking and lung cancer were again distributed to schools. Meetings were held between representatives of the Teachers' Associations and the Principal School Medical Officer and Principal School Dental Officer. The Central Council for Health Education held a one-day course on "Recent Advances in Health Education". During the year special publicity was given to poliomyelitis vaccination, food hygiene, dental health, clean air and diphtheria immunisation.

The department assisted in the publicity for National Fire Prevention Week from 30th October to 4th November, 1961, and helped with one of the display windows in the Fire Station.

Loan of Nursing Equipment:

Article	Number Available	No. issued during the year	No. in stock at 31st Dec. 1961
Bed Pans	163	186	4
Rubber Bed Pans	6	2	3
Air Rings	140	87	11
Tan Sad Invalid Chairs	54	37	4
Junior do.	7	–	2
Self-propelled Chairs	3	1	2
Bed Rests	134	106	1
Bed Cradles	19	22	2
Single Beds	11	15	9
Iron Lifting Poles	6	4	5
„ „ „ (with wheels)	2	2	–
Cot—Senior	1	–	–
Cot—Junior	1	–	–
Mattresses—Sectional, Dunlopillo	1	–	–
„ —Hair and Interior Spring	9	11	3
„ —Dunlopillo	15	8	–
Cushion—Float-on-Air	1	–	1
Biscuit Mattresses	2	–	–
Mattress Covers—Cotton	9	4	1
„ „ —Plastic	14	9	5
Pillows—Feather and Flock	15	2	12
„ —Dunlopillo	1	1	–
Bedspreads	6	–	6
Blankets	21	2	13
Bed Sheets	4	–	4
Draw Sheets	707	838	189
Pillow Cases	44	2	42
„ „ —Plastic	10	–	4
Pyjama Jackets	111	132	14
„ Trousers	3	–	3
Nightshirts and Nightdresses	8	–	8
Rubber Sheets	459	302	25
Towels	14	5	9
Urinals	115	118	3
Fracture Boards	11	–	11
Chair Commodes	17	40	–
Sani-Chair—Self-propelled	1	1	1
Crutches	22	4	19
Tripod Walking Sticks	5	10	1
Bonaped Walking Aid	1	–	–
Pails (with lids)	48	92	–

Total number of articles issued in	**1961**	**2,043**
„ „ „ „ „ „	1960	1,757
„ „ „ „ „ „	1959	1,829
„ „ „ „ „ „	1958	2,131
„ „ „ „ „ „	1957	1,996
„ „ „ „ „ „	1956	1,994
„ „ „ „ „ „	1955	1,475
„ „ „ „ „ „	1954	899
„ „ „ „ „ „	1953	901

Convalescent Home Accommodation:

During the year there were 35 applications for convalescence for 30 adul and 5 children. Subsequently 6 applications were withdrawn. All the applican were interviewed as to their suitability for convalescence by medical officers the department.

Twenty-six adults and 3 children were accepted for periods varying from two to four weeks and of these, 22 adults were admitted to the Bolton and District Hospital Saturday Council's Homes at Blackpool, St. Annes-on-Sea, and Southport. The remainder were sent to various other homes.

The Local Health Authority paid full fees for accommodation in 23 cases and 6 applicants paid part cost.

Chiropody:

Chiropody was provided for the elderly, the physically handicapped and expectant mothers, fourteen sessions being held weekly in the Welfare Department. The Old People's Welfare Council operate the service for old people and receive a grant from the Bolton Borough Council. The Health Committee provide the service for the physically handicapped and expectant mothers to whom the service is free, as it is to those on National Assistance. Other cases are charged 3s. per visit. A domiciliary service is available, on their doctors' recommendation, for those in the above classes who cannot travel to the clinic, and sitting case ambulance transport is available for those who cannot go by public transport.

The department is indebted to the very full co-operation given by the Old People's Welfare Council to whom I give my sincere thanks. The Welfare Committee and their Chief Officer, Mr. K. Davies, have also been most helpful in allowing the clinic to continue in the Welfare Department. My thanks are also due to Mrs. L. A. Crossley, the Honorary Secretary of the Bolton District Branch of The Society of Chiropodists, for her very willing assistance.

Details of the numbers of different types of case treated are as follows:—

Month	No. of patients treated at clinic					No. of patients treated at home
	Free			Paying		
	Aged	Handicapped	Expectant Mothers	Aged	Total	
January	285	21	–	352	658	48
February	252	23	1	342	618	51
March	307	22	–	426	755	52
April	253	23	–	369	645	68
May	399	22	1	312	734	63
June	258	20	–	306	584	62
July	199	12	–	251	462	44
August	334	25	–	388	747	79
September	266	13	–	293	572	57
October	351	25	–	360	736	69
November	356	39	–	365	760	72
December	262	26	–	282	570	90
TOTALS ..	3,522	271	2	4,046	7,841	755

HOME HELP

The number of applications for the service continues to rise and the number of households actually served during the year reached the record total of 1,457—almost 100 more than last year.

SOURCE OF APPLICATIONS: (Expressed in percentages)

General Practitioners	26.95
Self	18.92
Relatives	16.29
Health Visitors	11.01
Hospital Almoners	7.57
National Assistance Board	6.42
Welfare Officers	4.93
Friends	4.24
District Nurses	2.18
Children's Officer and Co-ordinating Committee	.80
Mental Health Officers	.69

Eight hundred and seventy-two applications for assistance were received but in 238 instances home help service was not considered necessary. Sometimes it did not fall within the scope of the service and was referred to other agencies. Due to the phrase "home help" being used on radio or television to indicate a domestic help or cleaner, applications are being received from people who are quite fit but require a cleaner two or three times a week. Increased national publicity has resulted in the work of the Home Help Service becoming widely known. The chronic sick, aged and infirm continue to be the major groups requiring assistance, but it is interesting to note that contrary to the downward trend for many years, the number of maternity cases served has risen by one half. Many of these applications are from mothers who have had a home help for a previous confinement and have found it a great relief to pass the burden of the housework and care of the older children to a sympathetic and capable woman. Frequently the service of the same home help is requested and every effort is made to meet such a request.

Cases for whom help was provided during the last four years:

	1958	1959	1960	**1961**
Maternity	42	41	42	**62**
Tuberculosis	10	6	8	**11**
Chronic Sick, Aged and Infirm	951	1,131	1,190	**1,293**
Other cases	102	78	124	**121**
TOTALS	1,105	1,256	1,364	**1,487**

Staff:

The establishment of home helps remained at the equivalent of 105.

The influenza epidemic at the end of the year affected very many of the staff—during one particular week almost one third of the home helps were absent owing to sickness which, combined with the severe weather conditions we experienced at this time, resulted in many resignations. For a time the service was under staffed as it is not easy, at short notice, to recruit women of the high standard necessary and it is felt that it is better to have vacancies for a short time rather than recruit women who may prove unsuitable.

HOME HELPS EMPLOYED AT 31ST DECEMBER:

Total number employed	160
Equivalent number of full-time	82
Average number of hours per week	3,617
Average number of hours per case	4.08

Three home helps attended the International Conference of Home Helps in London. Payment for one was authorised by the Committee, the expenses of another were raised by her colleagues, and one chose to pay all her expenses herself.

The training course for home helps for one afternoon each week from September to March was again held. One half of the group attended the Bolton Women's College of Domestic Arts and Crafts and the other half attended lectures in the Town Hall or Health Department by officers of the Health Department, Welfare Department, National Assistance Board and Children's Department. Thanks are extended to the various officers concerned for their assistance.

Payment for Service:

The maximum charge in the hourly cost of the service remained at 3s. 0d.; the percentage of householders paying full cost rose considerably, particularly maternity cases.

Summary of Payment for Service

	Free	Part Cost	Standard Charge
Maternity	5	22	35
Tuberculosis	10	1	–
Chronic Sick	1,124	69	100
Other Cases	83	15	23
TOTALS	1,222	107	158

Special Family Help Service for Problem Families:

Fourteen families received free assistance from home helps specially trained for work with problem families. All the cases were discussed by the Co-ordinating Committee either before help was supplied or as soon after as possible.

Service was terminated in six cases. In two cases mothers received help during their confinement and service terminated after a few weeks when the mothers felt they could manage and in fact two of them found employment. One family moved into another area.

Difficulty was experienced with one family of seven children as the mother born abroad was unable to converse in English and had no idea of modern cooking facilities, preferring to do all cooking on a paraffin stove. Eventually a help who understood the language was sent to her, the difficulty was overcome and the mother is very slowly adapting herself to the changed conditions.

Another group of selected home helps volunteered for work with problem families and a special training course was arranged.

Work with these families is usually difficult and demanding, and taxes the patience and forbearance of the home help to the utmost. The husband or the wife is frequently antagonistic to the idea of an "outsider interfering in our affairs" and it may take months or years of example before any improvement may be noticeable. Occasionally it has to be accepted that the parents will never improve and all that can be hoped for is to educate the children to higher standards.

Night Attendant Service:

Towards the end of the year another night sitter was recruited. Seventeen patients received sixty-nine nights of service.

Thanks are extended to members of the Police Department who are always so co-operative when their services are requested when a home help is unable to gain admittance to a house and it is feared that an accident has occurred.

MENTAL HEALTH

Development proceeded smoothly during the first full year's operation of the Mental Health Act, 1959, no major difficulties being encountered as the services in Bolton had already been prepared and were well advanced to deal with the changed procedure. The working of the Act is obviously still in its infancy and as was foreseen there remains much to be done before it becomes fully effective. The Junior Training Centre for the subnormal is operating efficiently. Work on the old kitchen to provide an additional classroom was completed thus speeding up the admission of more young children. The adult Centre, one of the first purpose-built centres in the country, opened in 1960, is now in the forefront in providing active training for an age group not previously catered for in Bolton. Many of those attending were receiving training for the first time and as a result progress was at first slow but as attendances increased there were signs that the centre was proving its worth in an efficient and expanding service.

The next essential need to secure an adequate service in dealing with cases of mental disorder in the community is the provision of hostels to cater for both the elderly mentally infirm and the younger male and female subnormal patients. As the trend of community service proceeds it is evident that work on admitting patients to hospital will substantially be replaced by more case work on the part of the mental health social worker. As a consequence during the year social visits were the highest recorded.

Discussions took place with officers of the Manchester Regional Hospital Board regarding the Board's proposed changed method for admitting the mentally subnormal to hospital. When this revision comes into operation next year all applications in respect of Bolton patients will be made to the Medical Superintendent of Brockhall Hospital instead of to the Central Bed Bureau, Manchester.

Staff:

Social Workers	1 Chief Mental Health Officer 1 Senior Mental Welfare Officer 3 Mental Welfare Officers
Junior Training Centre	1 Supervisor 3 Assistant Supervisors 2 Part-time Guide Assistants 2 Part-time Domestics
Adult Training Centre	1 Supervisor 4 Instructors 3 Guide Attendants 1 Cook 2 Part-time Domestics

Liaison:

The relationship between the social workers of the section and the medical and nursing staff of the psychiatric unit of the Bolton District General Hospital remains good and fortnightly case conferences at the hospital with Dr. J. T. Leyberg, Consultant Psychiatrist to the hospital, continued on a most satisfactory basis. At these conferences assistance on administrative difficulties and future care of cases did much to ease the teething problems encountered in the initial working of the new Act.

A good understanding and working relationship was maintained with Dr. D. J. Rose, the Consultant Psychiatrist at Brockhall Hospital, and his staff, and special cases on which further advice was sought continued to be referred to the clinic which he holds in Bolton each month.

Prestwich Hospital still caters for a fair proportion of mentally disordered persons from Bolton, and the Chief Mental Health Officer continued to attend the quarterly meetings at the hospital when the admission of cases and administrative problems were discussed.

Co-operation with other statutory and voluntary agencies was maintained throughout the year greatly assisting the mental welfare officers in their dealings with the welfare of the mentally disordered.

Hospital Admissions:

Total Number of Patients admitted to Psychiatric Hospitals

Method of Admission	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
Mental Health Act, 1959					
Informal	105	93	23	48	269
Section 25	13	26	4	3	46
Section 26	3	7	1	–	11
Section 29	19	28	4	6	57
TOTALS	140	154	32	57	383

Hospital admissions continue to show an increase as will be seen by the following comparable figures.

	1960	1961	INCREASE
Informal	227	269	18.5%
Compulsory	88	114	29.5%
TOTALS:	315	383	21.6%

The increase is mainly in patients under 65 years of age. The increase of compulsory admissions by 29.5 per cent from 88 to 114 is striking. Some of this is attributable to the general rise of admissions by 21.6 per cent from 315 to 383 and to less reluctance on the part of relatives to agree to patients going into hospital, as under Sections 25 and 26 of the Act the patient remains for twenty-eight days and under Section 29, three days compared to longer periods under previous legislation. Informal admissions increased by 18.5 per cent. There still remains a shortage of hospital accommodation for elderly patients. No effective improvement will be felt until additional facilities are made available to cater for the needs of these elderly patients.

Cases reported to Health Department for investigation:

	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
REPORTED BY—					
Medical Practitioners	36	49	17	18	120
Relatives	15	28	2	7	52
Police	7	4	1	4	16
Consultants and Hospitals	22	26	7	14	69
Others	7	18	2	17	44
TOTALS	87	125	29	60	301
DISPOSAL—					
ADMITTED TO HOSPITAL——					
Informally	13	23	5	16	57
Under Section 25 Mental Health Act	13	26	4	3	46
Under Section 26 Mental Health Act	3	7	1	–	11
Under Section 29 Mental Health Act	19	28	4	6	57
Referred for Psychiatric Opinion	11	14	3	3	31
Placed under Community Care	16	21	4	15	56
Died	–	–	–	4	4
No further action required by Mental Health Service	12	6	8	13	39
TOTALS	87	125	29	60	301

As envisaged, fees for medical recommendations are proving more costly to the Council. Under the Lunacy Act, 1890, now replaced by the Mental Health Act, 1959, mental welfare officers were empowered to enforce admission in certain cases without any recommendations from medical practitioners, and such admissions averaged 75 cases yearly. Under the new Act, mental welfare officers no longer have this power and all compulsory admissions are now founded on either one or two medical recommendations for which fees are payable, and as a result of this change fees were paid during the year for 135 medical recommendations as against 30 the previous year.

Community care visiting proceeded at a most satisfactory level due, no doubt to the fact that there were no interruptions because of staff changes.

The following details of visits show how case work is increasing and becoming more and more the main function of the mental welfare officer.

	1960	**1961**
Visits to investigate cases reported	503	**392**
Community care visits	982	**2,005**
Visits to complete social histories	20	**2**
TOTALS:	1,505	**2,399**

Psychiatric Social Club:

With the help of the committee of club members the Psychiatric Social Club had another successful year and again proved its worth with the resettlement of quite a number of persons. A varied programme of speakers, discussions, social and games evenings, and films of an educational nature throughout the year was enjoyed by an average attendance of approximately 40 members.

The Bolton Rotary Club again assisted by providing a speaker each month to talk on varied topics which proved of great interest to the members as shown by their keen and eager participation in the discussions which followed.

The year was finally concluded with a very successful Christmas Party attended by a large and happy company who thoroughly enjoyed the festivities and entertainment provided.

Mental Subnormality and Severe Subnormality

Community Care:

The number of cases receiving community care together with the amount of visiting in this connection continued without any material change but here again it is much in evidence that there is an immediate need for the provision of hostel accommodation. We still have one or two patients who are proving rather a trial in their homes and until such accommodation is made available admission to hospital is the only answer.

In addition to the visits by the mental welfare officers, those patients not in employment or attending the training centres received a visit by a medical officer of the department.

Relationship with all the hospitals catering for the mentally subnormal from Bolton remained good and requests for reports of home conditions were supplied. Patients on licence from hospitals were supervised by the mental welfare officers, often in co-operation with the hospital social worker.

Visits to the mentally subnormal carried out were:—

	1960	**1961**
To those under community care ..	924	**930**
At the request of hospitals	186	**191**

Mental Health Act, 1959

New Cases Reported by—	Male	Female	Total
Local Education Authority			
Section 57 Education Act, 1944	10	4	14
School Leavers	5	4	9
Relatives	1	4	5
Other Sources	6	4	10
Totals:	22	16	38

DISPOSAL OF ABOVE CASES

Placed under community care	21	15	36
Admitted to hospital informally	1	–	1
Admitted to hospital, Section 26, Mental Health Act	–	1	1
TOTALS:	22	16	38

Number of Subnormal and Severely Subnormal Persons receiving care on the 31st December, 1961

	MALE	FEMALE	TOTAL
In hospitals	89	94	183
Community Care	146	125	271
TOTALS:	235	219	454

Classification of Severely Subnormal Persons awaiting Hospital Care on 31st December, 1961

	Under 16 years		Over 16 years		Total
	Male	Female	Male	Female	
N URGENT NEED:					
Cot and chair cases	–	2	–	–	2
Ambulant	1	1	1	–	3
NOT IN URGENT NEED:					
Cot and chair cases	–	1	–	–	1
Ambulant	1	–	–	1	2
TOTALS	2	4	1	1	8

unior Training Centre:

Training was maintained at a highly satisfactory standard. A certain amount f re-organisation was necessary due to the admission of a number of young ow-grade children.

On the 31st December, 1961, there were 34 males and 23 females on the egister. The average daily attendance during the year was 84 per cent.

A considerable number of children continue to be referred each year and his coupled with the informal admission of children for a trial period prior to ssesment has resulted in a large nursery group. During the year 3 males and female of the older age group were transferred to the Adult Training Centre. Every effort is made to assist them to adapt themselves to the changes they will ncounter.

The installation of electric heaters has proved most beneficial and prevented he temperature falling below 58 degrees.

The Clergy of St. Thomas' Church, Halliwell, continued to take an activ interest and attend frequently to take morning assembly. The Vicar has offere the use of their playing field which is within easy walking distance of the Centr and will prove a great help both to the staff and the children as the space at th Centre for outdoor games is greatly restricted. The Harvest Festival conducte by Alderman James Vickers, J.P., was well attended by parents and friends The fruit which was generously given by the children and parents was later dis tributed to members of an 'Over Sixty Club'. At Christmas a Nativity Pla was again presented by the children to a large and appreciative audienc

Social events included a coach trip to Rivington Barn when the caterer provided a picnic lunch and the children greatly enjoyed the freedom of th open country. It is hoped that this outing will become an annual event. A new venue was decided on for the spring holiday which was spent at St. Annes on-Sea. The weather did not prove too kind, as a result of which, a few of th children were compelled to spend odd days in bed with minor ailments. Th staff were ungrudging in their response to the extra calls made on them.

The Bolton Society for the Mentally Handicapped invited the children t their Christmas Party and along with other local organisations contributed i many ways in helping the staff to provide extra comforts for them on variou occasions.

Adult Training Centre:

The Centre continued to make satisfactory progress and on the 31s December, 1961, there were 30 male and 15 female trainees on the register. The average attendance was 82 per cent.

There have been many visitors including members of other local healt authorities.

Two electric sewing machines were purchased which enabled some of th high grade female trainees to make cushion covers which were passed to the les capable ones for foam filling. There was a steady production of such establishe items as chain link fencing, extending clothes props and seed boxes. For th time being at least efforts were concentrated on this work as it was felt that sub contract work might produce difficulties as the demand for the articles woul fluctuate considerably. The end of the year proved a very busy period wit dressing dolls for Christmas trees, some 600 being sold. Fabric folding wor baskets and tiled coffee tables were also in demand.

The outside area was laid out in gardens which did much to enhance th appearance and setting of the Centre. A heated greenhouse was erected and pc plants raised from seed and tomatoes grown for use in the kitchen.

The usual crafts—brushmaking, needlework, basketwork and firewoo bundling were carried on throughout the year and a steady demand was me without any undue difficulties.

Special Care Unit:

This Unit has been fully occupied, more severely subnormal patients under 16 years of age being admitted than was at first anticipated. The demand for admission has been so heavy that to avoid overcrowding, it was found necessary to admit a few patients on a part-time system and beds had to be provided in a number of cases for the more physically handicapped. The physiotherapist continued to give regular sessions.

PART III

CONTROL OF INFECTIOUS DISEASE

Notifiable Infectious Diseases

Influenza

Tuberculosis

Venereal Disease

NOTIFIABLE INFECTIOUS DISEASES

Incidence:

The following summary gives the number of cases of notifiable infectious diseases, other than tuberculosis, which have been notified or otherwise ascertained.

Disease	Total Cases Notified	No. of Cases after Correction	Ascertained Cases
Anthrax	–	–	–
Diphtheria	–	–	–
Dysentery	229	229	139
Acute Encephalitis	–	–	–
Enteric Fever (including Paratyphoid)	1	1	3
Erysipelas	10	10	–
Malaria	1	1	–
Measles	2,708	2,708	–
Meningococcal Infection	1	1	–
Ophthalmia Neonatorum	–	–	–
Pneumonia—			
Acute Primary	79	79	–
Acute Influenzal	63	63	–
Acute Poliomyelitis—			
Paralytic	15	15	–
Non-Paralytic	13	10	–
Puerperal Pyrexia	1	1	–
Scarlet Fever	89	89	–
Smallpox	–	–	–
Whooping Cough	147	147	–
Food Poisoning	56	57	30

The following table gives the number of notifications of notifiable diseases after correction of diagnosis, during each of the last ten years.

Disease	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
§Anthrax									–	–
Diphtheria	–	–	1	1	–	–	–	–	–	–
Dysentery	202	263	615	154	851	167	187	237	509	229
Acute Encephalitis	1	1	3	3	2	2	1	–	1	–
Enteric Fever (including Paratyphoid)	1	2	2	5	–	–	–	6	1	1
Erysipelas	39	22	34	30	32	22	21	19	7	10
Malaria	–	*1	*1	*1	1	–	–	1	1	1
Measles	2369	1308	672	2205	714	2793	111	1797	1058	2708
Meningococcal Infection	–	7	4	1	3	7	1	2	4	1
Ophthalmia Neonatorum	–	–	2	2	3	4	2	–	–	–
‡Pneumonia	273									
Acute Primary		94	123	123	145	153	136	103	79	79
Acute Influenzal		21	33	20	13	151	19	74	4	63
Acute Poliomyelitis										
Paralytic	8	1	1	7	8	4	3	–	1	15
Non-Paralytic	1	2	–	2	6	12	3	3	–	10
Puerperal Pyrexia	5	7	2	5	5	6	4	3	2	1
Scarlet Fever	351	246	149	74	94	131	278	262	186	89
Smallpox	–	–	–	–	–	–	–	–	–	–
Whooping Cough	220	593	167	244	319	73	40	100	179	147
Food Poisoning	46	54	66	53	1129	215	150	181	59	57

§Notifiable from 1st December, 1960.

*Induced for therapeutic purposes.

‡The figures prior to 1953 include all forms of pneumonia.

Deaths from Infectious Diseases, 1952-1961 inclusive:

Disease	1952	1953	1954	1955	1956	1957	1958	1959	1960	**1961**
Diphtheria	–	–	–	–	–	–	–	–	–	–
Dysentery	–	–	–	–	2	–	–	–	–	–
Diarrhoea and Enteritis under 2 years of age	3	–	1	–	1	–	–	–	1	**1**
Acute Encephalitis	2	–	2	4	–	–	–	–	–	–
Enteric Fever (including Paratyphoid)	–	–	–	–	–	–	–	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	–
Malaria	–	–	–	–	–	–	–	–	–	–
Measles	–	3	–	1	1	–	–	2	–	–
Meningococcal Infection	–	–	–	1	1	–	–	–	–	**1**
Ophthalmia Neonatorum	–	–	–	–	–	–	–	–	–	–
All forms of Pneumonia including—	74	112	51	69	65	127	92	107	110	**114**
Acute Primary Pneumonia		36	16	20	16	27	25	12	18	**14**
Acute Influenzal „		2	3	3	1	17	2	7	6	**31**
Acute Poliomyelitis	3	1	–	2	–	–	–	–	–	–
Puerperal Pyrexia	–	–	–	–	–	–	–	–	–	–
Scarlet Fever	–	–	–	–	–	–	–	–	–	–
Smallpox	–	–	–	–	–	–	–	–	–	–
Whooping Cough	1	1	–	–	–	–	–	–	–	–
Food Poisoning	–	–	–	2	–	–	–	–	–	–

Diphtheria:

For the sixth successive year there has not been a case of diphtheria in the borough.

Dysentery:

The number of cases notified was 229. This is slightly less than half the number notified in 1960 but it will be recalled that there was a fairly large outbreak during the latter part of 1959 and the early part of 1960 which resulted in higher notification figures in these years. Although there was no large outbreak in 1961 minor increases affecting two day nurseries occurred in May, and a third day nursery was affected to a slight extent in July. The usual steps were taken to deal with the spread of infection.

Enteric Fever:

One case of paratyphoid fever was notified during the year and a further three cases were ascertained among the family of the original case. The original case occurred at the same time as a number of other cases in a neighbouring county borough which were traced to a bakery there, and it seemed certain that the Bolton case was infected from the same source.

Malaria:

One case of malaria occurred. It is believed that this was contracted abroad.

Measles:

The total number of notifications was 2,708. This is the highest number since 1957. In my report for 1960 I remarked that although the total number of notifications in that year was 1,058, 836 of these had occurred in the final quarter of the year. Of the 2,708 cases notified in 1961, 2,297 occurred in the first quarter of the year and the remaining 411 during the succeeding nine months. It is clear, therefore, that there was quite an extensive outbreak of measles during the winter of 1960-1961.

Whooping Cough:

The total number of notifications was 147. This is not significantly differen from the number in the preceding year. Fourteen of the cases occurred i children under the age of one year, compared with twenty-one in 1960.

Meningococcal Infection:

Only one case was notified during the year.

Poliomyelitis:

Twenty-five cases of poliomyelitis were notified during the year. Of these fifteen were paralytic and ten were non-paralytic. This was part of an epidemi which had a patchy distribution throughout the country. Bolton and the sur rounding district was one of the more severely affected areas. The onset of th first case in Bolton was 31st August, and the onset of the last case was 31s October. One adult, a woman aged twenty-nine, and two adolescent boys one aged seventeen and one fourteen, were affected, but the remaining twenty two cases were all children.

Of the twenty-five cases, twelve had been vaccinated against poliomyelitis but of these only seven had had a complete course of injections.

Puerperal Pyrexia:

Only one case of puerperal pyrexia was notified during the year.

Food Poisoning:

The number of cases of food poisoning notified during the year was 57 This is only two less than in the preceding year. In addition, 30 cases were ascertained as a result of investigations carried out by the department.

There were two outbreaks at works in the town; both were due to Clostridium welchii. In one case the firm concerned provided a complete canteen service and the outbreak was believed to have been due to braised steak which had been cooked in bulk during an afternoon, kept overnight at room temperature and reheated before serving at lunch time the following day. Twenty-four people were affected.

In the other case the firm provided only a partial canteen service, the food being prepared by an outside firm of caterers. In this case, although twenty-seven people were affected and the outbreak was undoubtedly due to Cl welchii, the food appeared to have been correctly prepared and handled and the origin of infection could not be traced.

Only one family outbreak occurred in which three people were affected The organism concerned was Salmonella typhimurium.

General Administration of the Control of Infectious Diseases:

Public health inspectors carried out 582 visits, and health visitors 41 visits to make enquiries concerning infectious diseases.

The number of pathological specimens sent for examination to the Department of Pathology at the Bolton Royal Infirmary was 2,264. The types of specimens examined, and the results obtained, are shown in the following table

Type of Specimen	Pathogenic Organism Found	No. of Specimens
Faeces	Sh. Sonnei	411
	Salmonella typhimurium	29
	Other Salmonellae	9
	Salmonella paratyphoid B	9
	Staphylococcus aureus	1
	Heat resistant Cl. welchii	20
	Negative results	1,765
	TOTAL	2,244
Ear, Throat and Nasal Swabs		20
	GRAND TOTAL	2,264

Notices under the Public Health (Infectious Diseases) Regulations, 1953 were served upon three persons who were proved to be Salmonella carriers and who were food handlers. They were required to do no further work in food premises until they were proved to be free from infection. All submitted claims for compensation, and the total amount paid was £89 5s. 3d.

The following table shows the number of persons to whom special attention was directed in view of the fact that their occupation involved a higher risk of infection to others.

Category	Examinations for	
	Sonne Dysentery	Other Intestinal Infections
FOOD HANDLERS		
Positive	8	2
Negative	31	22
NURSERY STAFF		
Positive	–	–
Negative	30	1
NURSING AND AMBULANCE STAFF		
Positive	1	–
Negative	4	–
SCHOOL STAFF		
Positive	–	–
Negative	1	1
HOME HELPS		
Positive	1	–
Negative	1	5
TOTALS	77	31

Certificates were issued in accordance with the authority given to the Medical Officer of Health under Ministry of Health Circular 115/48 for the purpose of claiming National Insurance sickness payments in respect of nine contacts or carriers of infectious disease who, because of the nature of their employment, were in a position to spread infection.

I would like to thank the staff of the Pathological Laboratory at the Bolton Royal Infirmary for their willing help in examining specimens and assistance in the interpretation of the findings.

INFLUENZA

There were two influenza epidemics in 1961, the first at the beginning of the year due to virus 'A' and the other at the end of the year extending into the following year due to virus 'B'.

The first epidemic affected a very large number of individuals as is shown from the weekly figures of Sickness Benefit Claims received at the Bolton office of the Ministry of Pensions and National Insurance. I am very indebted to Mr. Mulrennan, the Manager, for kindly letting me have this information.

Sickness Benefit Claims

27.12.60	..	466
3. 1.61	..	1,017
10. 1.61	..	1,261
17. 1.61	..	1,487
24. 1.61	..	2,017
31. 1.61	..	2,189
7. 2.61	..	1,848
14. 2.61	..	1,295
21. 2.61	..	940
28. 2.61	..	720

During the epidemic there was a considerable number of deaths due to respiratory infection as shown in the following table which compares the periods during 1957, 1960, 1960-1961 when there were influenza epidemics.

Weeks Ending			Influenza			Pneumonia			Bronchitis			Totals		
			1957	1960	1960/1961	1957	1960	1960/1961	1957	1960	1960/1961	1957	1960	1960/1961
7. 9.57		24.12.60	–		–	–		4	5		3	5		7
14. 9.57		31.12.60	–		–	3		5	1		10	4		15
21. 9.57	9.1.60	7. 1.61	1	–	–	2	3	2	6	6	4	9	9	6
28. 9.57	16.1.60	14. 1.61	9	2	2	5	4	–	7	2	10	21	8	12
5.10.57	23.1.60	21. 1.61	17	–	3	7	8	9	11	3	10	35	11	22
12.10.57	30.1.60	28. 1.61	17	–	9	13	–	8	9	6	22	39	6	39
19.10.57	6.2.60	4. 2.61	10	–	8	13	4	8	1	4	16	24	8	32
26.10.57	13.2.60	11. 2.61	3	–	12	1	3	9	2	2	10	6	5	31
2.11.57	20.2.60	18. 2.61	5	–	7	8	5	10	2	5	13	15	10	30
9.11.57	27.2.60	25. 2.61	2	–	1	3	8	4	2	2	5	7	10	10
		TOTALS	64	2	42	55	35	59	46	30	103	165	67	204

It will be noted that in the 1957 epidemic there were 64 deaths attributed influenza compared to 42 this year. In 1957 the deaths from bronchitis—4 were very many fewer than this year—103. The total respiratory deaths 1957—165, were considerably less than this year—204.

Those bearing the brunt of the epidemic were adults and particularly o people. The number of children away from school was not greater than usu during the winter.

I am very much indebted to two local general practitioners for the followir accounts of the clinical aspects of the epidemic. The first is from a practition in the Bury Road area of the town, and the second, from one in the Chorl Old Road area.

"The epidemic was less explosive in its onset but took a week longer pass its peak. The first patients seen mostly travelled to work outside tl town or were in contact with the travelling public, e.g. bus conductors an hotel workers.

Patients who had influenza in 1957 were seldom affected. Scho children were practically never affected, but children under three years o suffered from a febrile illness which appeared to be influenza.

The onset of the illness was usually sudden with aching, fever, weakne of the limbs, vertigo and sore throat. There was usually pain across th upper chest. An intractable, unproductive cough was more common tha in 1957. Tingling in the limbs, vomiting and epistaxis was less commor Acute fulminating pneumonia was less common. A severe bronchitis wit fever, wheezing and respiratory distress was much more common an affected patients who had never had bronchitis before as well as some know bronchitics. This bronchitis was very worrying in the elderly and appear to have caused a considerable number of deaths.

Most of the visits asked for were by young adults who wanted certificate for the Ministry of National Insurance and their employers. They were no in urgent need of treatment.

Most of the elderly did not ask for visits until seven to ten days afte their influenza began and were practically moribund with bronchitis o pneumonia when first seen."

"I should say that the general run of the infection was very much th same as we are accustomed to, that is, a fairly wide variation in the duratio and severity of the symptoms, some (myself included) having the disease i a mild form with full recovery in about two days whilst others suffered mor severely for a period up to and sometimes exceeding two weeks.

Onset appeared to be sudden, fever rising quickly in the severe case to 103°F, frequently with rigors. This stage was marked by severe muscula pains and frontal headache and many patients complained of nausea bu few actually vomited. Respiratory catarrh was a constant feature going o to acute bronchitis in some. Two cases in my practice developed pneumoni and recovered in hospital but a number of patients say that a dry unproduc tive cough persisted for some time after return to work. Depression durin

convalescence was troublesome in a few cases and during this phase several patients complained of headache lasting several days and not obviously due to sinusitis. This usually cleared up spontaneously in a few days.

I was not able to form any firm conclusion as to the degree of protection afforded by injection in 1957 but about a quarter of the patients having influenza this year whom I questioned said they had had the disease in 1957. However, as I began to question patients rather late in the epidemic, the number available for this purpose was small—less than twenty."

TUBERCULOSIS

Dr. John Mitchell, Consultant Physician, has kindly supplied the following formation.

Notifications:

AGE AND SEX DISTRIBUTION OF NOTIFIED CASES:

Respiratory Tuberculosis

Age in Years	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 upwards	Total No. of Cases
Males	–	–	2	–	3	6	7	8	8	6	4	–	44
Females ..	–	–	–	2	5	3	7	8	1	–	1	–	27
TOTALS ..	–	–	2	2	8	9	14	16	9	6	5	–	71

Non-Respiratory Tuberculosis

Age in Years	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 upwards	Total No. of Cases
Males	–	1	–	2	–	–	2	–	1	–	–	–	6
Females ..	–	–	–	–	–	–	–	2	1	1	–	1	5
TOTALS ..	–	1	–	2	–	–	2	2	2	1	–	1	11

The number of cases on the tuberculosis register at the end of the year was 580.

Deaths:

Respiratory Tuberculosis

Age in Years	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 upwards	Total No. of Cases
Males	–	–	–	–	–	–	1	–	2	4	1	1	9
Females ..	–	–	–	–	–	–	–	–	3	2	–	–	5
TOTALS ..	–	–	–	–	–	–	1	–	5	6	1	1	14

Non-Respiratory Tuberculosis

One male aged 3 years—tuberculous meningitis
There were 4 notifications after death:—

3 Male Pulmonary
1 Male Non-Pulmonary

Summary of the Work of the Chest Clinic:

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	19
No. of new cases notified	153	127	96	87	87	90	101	89	63	60	
No. of deaths	48	47	24	26	18	16	14	16	10	10	
No. of attendances of new cases	1,255	1,454	1,144	1,127	1,217	1,624	1,722	1,682	1,395	1,223	1,(
No. of cases referred from Mass Miniature Radiography Units	4	148	10	49	463	20	18	30	235	119	1
B.C.G. Vaccinations	47	52	89	94	84	125	96	129	151	179	1
No. of contacts examined	671	580	438	401	463	749	689	866	606	608	4
Total attendances at clinic	6,772	6,298	6,745	7,354	6,901	6,510	5,674	5,078	4,328	3,679	3,3

Of the 447 contacts examined, 4 had active pulmonary tuberculosis.

General Comment:

There were 82 new cases of tuberculosis notified in 1961. Although 22 mo than the previous year, it is nevertheless the third lowest figure recorde The number of respiratory cases is a more reliable guide to the state of tl epidemic because the criteria for notification is more constant. The figur for respiratory tuberculosis are:—

	1959	1960	1961
	57	55	71
The source of these cases is shown below:—			
Mass Miniature Radiography	21	5	17
Contacts	7	5	4
Referred from General Practitioners	29	45	50

The number of new patients attending the chest clinic as well as thos referred by the Mass Miniature Radiography Unit and the number examined a contacts were all less than the two previous years. In the absence of any oth evidence we must accept this as a real increase in notifications but it woul be wrong to presume on this figure alone that the incidence is rising becaus this may well be the sort of fluctuation that might occur as the incidence of th disease, which previously was falling, begins to level out.

There are now only 19 patients with persistently positive sputum* (16 me and 3 women). Of these, 6 cases are at present undergoing treatment with reasonable prospect of conversion. Of the remainder, 10 have acquired resistar organisms.

Thirteen patients died of tuberculosis during the year. This is 3 more tha the previous year but nevertheless the third lowest figure recorded.

REHABILITATION:

In the years 1957, 1958, 1959, 225 patients were notified as suffering fro respiratory tuberculosis. Of these there are only 10 under 65 years of age wh are not working. Two of these are still receiving treatment in hospital; 3 hav never worked because of other diseases; 5 are not suitable for rehabilitatio principally for psychological reasons.

The Disablement Rehabilitation Officer of the Ministry of Labour has told e that over these three years only 3 patients have undergone rehabilitation; ıother 4 have attended a Government Training Centre.

With modern treatment most patients make a one hundred per cent recovery ıd return to their old jobs without any special help.

*Patients with a persistently positive sputum are those patients who have had at least two positive cultures with an interval of at least six months. Such patients are taken off the persistently positive list when they have produced three negative cultures at intervals of at least two months. Old patients producing positive smears are followed up closely and encouraged to send sputum in for culture at monthly intervals until at least six cultures have been done.

are and After-Care of Patients suffering from Tuberculosis:

The responsibility for care and after-care of patients suffering from tuber-ılosis was placed upon the Local Health Authority under Section 28 of the ational Health Service Act, 1946. This duty was again carried out in co-eration with the Chest Clinic staff, partly in the course of clinic sessions and ırtly through the meetings of the After-Care Panel. This consists of the eputy Medical Officer of Health, a Medical Officer of the Chest Clinic, alth visitors, and a representative of the Housing Department.

FTER-CARE PANEL:

Five meetings were held during the year and cases were discussed on first otification, again when discharged from hospital, and at any time when ed arose.

Seventy-six new cases were discussed, 38 cases considered on discharge om hospital, and many other cases investigated as required.

In this way all the resources of the Chest Clinic, Health and Housing epartments, and other sources of help and rehabilitation were co-ordinated secure all possible help to patients. Treatment cannot be considered complete ntil the disease is arrested and the patient successfully established in satis-ctory and suitable employment again.

EHOUSING:

Much of the work of the above Panel concerned applications for rehousing n the grounds of tuberculosis. Each application was carefully considered and ıe need for priority assessed in the light of degree and present activity of the isease, accommodation needed and present surroundings, etc., before a commendation was made to the Housing Department. During the year, 11 commendations were made and fresh accommodation was provided during ıe year for 5 cases.

Financial Assistance:

This is normally supplied, if needed, by the National Assistance Boa extra assistance being available for patients suffering from tuberculosis.

Other After-Care Activities:

Some cases not qualifying for this assistance and yet having a genuine ne were given help by the Health Department or were referred to volunt bodies such as the British Red Cross Society or the British Legion.

The Home Nursing Service undertook the care of 103 patients in th homes most of them requiring streptomycin injections daily. Many oth attended at the Health Department for their injections when able to and wh allowed to go about. Those who had returned to work came to the Heal Department in the evenings for their injections.

The Home Help Service assisted 11 patients.

Sick room equipment was loaned free of charge.

A residential nursery admitted one child to facilitate the mother enterin sanatorium for treatment. Where the children are already infected any necessa treatment is instituted either in hospital or at home to prevent the disea progressing. Several were admitted to hospital for this purpose during the ye

There are two full-time health visitors who paid 2,106 visits to patients' hom during the year. They do important work in supervising the home conditio ensuring that the patient takes the prescribed treatment regularly and is o serving strict hygiene to avoid transmission of the infection. Moreover, th give advice on many subjects, and encouragement where indicated.

Close contact was maintained between the Disablement Rehabilitati Officer and the Chest Physician for rehabilitating patients in suitable work.

B.C.G. Vaccination:

This protection against infection was offered to certain contacts, most children, and especially babies. During the year there were 275 skin te performed in the Chest Clinic in this connection and 129 vaccinations we performed.

Contacts:

Examination, including X-ray, of persons in contact with known cases is valuable method of case finding and an evening clinic is frequently held as convenience to people working. During the year 447 such examinations we made jointly by the Medical Officer of Health's staff and a Chest Physicia The number of cases found to be requiring treatment or observation was 4.

In accordance with the arrangements made last year, a clinic session w continued in collaboration with the Medical Officer of Health's staff to invest gate school children who were found to have strongly positive skin te indicating an infection which may possibly be recent or severe or even recurrin

These children, and where possible their close contacts, were X-rayed, erviewed and examined. Most of them were very well, some were known ntacts of known cases, and some were considered to need further review. No se of active disease requiring treatment was found during the period, but e clinic will continue until its value has been determined in the light of perience.

During the year, an active case of tuberculosis was discovered at a direct ant grammar school and a survey was undertaken of the whole school and aff. A further case was discovered while the arrangements for the survey ere being made. As a result of the survey, five pupils were found to have lmonary tuberculosis requiring treatment and a further five were placed der observation. One of these children was subsequently found to have tive disease. None of the staff was found to be affected.

The survey was repeated four months later and on this occasion no active sease was discovered and it is therefore reasonable to conclude that all the fected children had been discovered on the first occasion.

The staff and pupils over the age of thirteen were surveyed by X-ray by the ass miniature radiography unit, and the children under the age of thirteen d a tuberculin skin test; those who had a positive result were referred to the nest Physician for X-ray and further examination.

C.G. Vaccination of School Children and Students:

The B.C.G. vaccination programme for school children and students con-nued on the same lines as the previous year, the Heaf Gun multiple puncture ethod of tuberculin testing being used with freeze dried vaccine.

School children aged 14 years and upwards, and students attending courses further education were offered B.C.G. vaccination, separate evening sessions ing held for the latter students.

CHOOL CHILDREN:

As in 1960, it was decided that only the strongly positive reactors would be -rayed and followed up.

A total of 2,063 children were tested of whom 98 were absent for reading of e test. Of the remainder, 197 (11 per cent) showed a weakly positive reaction d 109 (5 per cent) a strongly positive reaction. All these 109 had their chests -rayed. A total of 1,603 children gave a negative reaction and of these, all but e were vaccinated with B.C.G. The odd one was not vaccinated because of oriasis.

TUDENTS:

Again, as in the previous year, all those students attending for further lucation were offered B.C.G. vaccination but once more the number of ceptances was most disappointingly low with only 30 consenting and half of ese defaulted even before the sessions.

Four separate evening sessions were held for these 15 students. The llowing are the details:—

No. given skin test	15
No. absent for reading	2
No. giving a positive reaction	10
No. giving a negative reaction	3
No. vaccinated	3

Mass Miniature Radiography Survey in Bolton:

I am indebted to Mr. N. Hall, the Organising Secretary of the No. 4 Ma Miniature Radiography Unit for sending me the results of the survey.

During 1961 the No. 4 Mass Miniature Radiography Unit carried o 11,587 chest X-ray examinations in Bolton continuing the policy of annu visits for:—

A. Routine X-ray of general public and factory workers, and

B. Special surveys at the request of the Medical Officer of Health Consultant Chest Physician.

Under Category A the Unit carried out 7,194 examinations mainly at t Civic Centre during September and October, and under Category B a visit w paid to the Technical College where 3,967 students were examined. Anoth special group examined were 383 scholars from a school where cases of acti tuberculosis had been discovered.

The results of the work are shown in the following tables.

Examinations carried out in Bolton during 1961

	Male	Female	Both Sex
General Practitioner Referrals	268	239	507
General Public Volunteers	2,248	3,034	5,282
Factories/Offices	649	756	1,405
Students (Technical College)	3,336	631	3,967
Scholar-Contacts	–	383	383
Others	29	14	43
Totals:	6,530	5,057	11,587

The numbers compared with previous years are:—

	1948	1955	1959	1960	19(
General Public	2,296	14,640	10,624	6,672	5,2(
Factories and Firms	22,748	29,830	10,905	3,631	1,4(
Others, including those referred by general practitioners	2,280	6,060	938	487	4,9(
Totals:	27,324	50,530	22,467	10,790	11,5(

(Distribution by Age and Sex)

Abnormalities	Males												Females												Grand Total	
	Under 14	14	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & over	Total	Rate per 1000	Under 14	14	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & over	Total	Rate per 1000	Cases	Rate per 1000
Tuberculosis requiring close clinic supervision or treatment.			3	5	3	2	1			1	15	2·30	1	1	5		1	1	1				10	1·98	25	2·16
Tuberculosis requiring only occasional out-patient supervision					1	1	2	3	1	2	10	1·53	3		1				1		1	2	8	1·58	18	1·55
Malignant Neoplasms.							2	1	2	4	9										1	1	2		11	
Non-Malgnant Neoplasms.							1	1			2					1		1					2		4	
Lymphadenopathies, (excluding Sarcoids).											–												–		–	
Sarcoids (including enlarged Hilar Glands).					1						1												–		1	
Congenital Cardiac abnormalities and abnormalities of the Vascular System.											–												–		–	
Acquired Cardiac abnormalities and abnormalities of the Vascular System.							4		1	1	6								1	5	5	3	14		20	
Pneumoconiosis without P.M.F.								1	2	3	6												–		6	
Pneumoconiosis with P.M.F.								1		1	2												–		2	

Respiratory Tuberculosis Requiring Treatment

(Distribution by type of Examinee, Age and Sex)

Type of Examinee (G.R.O. Coding)	Males											Females										Both Sexes
	Under 14	14	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & over	Total	Under 14	14	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & over	Total	
General Practitioner Referrals				1							1											–	1
General Public Volunteers			1	1	1	2	1			1	7					1		1				2	9
Factories/Offices				1							1						1					1	2
Students (Technical College)			2	2	2						6			1								1	7
Scholar-Contacts												1	1	4								6	6
TOTALS:			3	5	3	2	1			1	15	1	1	5		1	1	1				10	25

Although the total number of examinations is too small to be regarded as representative sample of the total population, the results are most striking and nust give rise to some concern.

The figures show that significant tuberculosis is still at large and may be ncreasing. A most disconcerting fact is that such a high incidence was found in oung males.

The result from the scholar-contact group demonstrates that vigilance is till necessary.

The increase in incidence of lung cancer in older males continues.

Mass Miniature Radiography Surveys

	No. of Persons Examined			Active Tuberculosis			Malignant Neoplasm		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
19	15,339	11,985	27,324	32	17	49	8	2	10
ool children	1,318	962	2,280	1	1	2	–	–	–
luding school hildren	14,021	11,023	25,044	31	16	47	8	2	10
e per 1,000 examined xcluding school hildren				2.21	1.54	1.88	.57	.18	.40
	16,294	12,437	28,731	27	16	43	10	6	16
ool children	684	666	1,350	–	–	–	–	–	–
luding school hildren	15,610	11,771	27,381	27	16	43	10	6	16
e per 1,000 examined xcluding school hildren				1.79	1.36	1.57	.64	.51	.58
	25,670	24,860	50,530	28	38	66	19	4	23
ool children	2,360	2,210	4,570	1	–	1	–	–	–
luding school hildren	23,310	22,650	45,960	27	38	65	19	4	23
te per 1,000 examined xcluding school children				1.16	1.68	1.41	.86	.17	.50
	11,781	10,686	22,467	13	14	27	12	5	17
te per 1,000 examined				1.1	1.3	1.20	1.01	.46	.76
	5,640	5,150	10,790	7	2	9	9	1	10
te per 1,000 examined				1.24	.39	.83	1.60	1.19	.93
	6,530	5,057	11,587	15	10	25	9	2	11
ate per 1,000 examined				2.30	1.98	2.16	1.39	.39	.92

During the year 1962 this Unit will be fitted with 100mm. equipment. Experience with this type of camera has shown that the quality of the films produced is much improved so that the possibility of overlooking very early lesions is minimised. Moreover, it will normally be possible to determine the necessity for further investigation on the first film. Thus, many persons will be saved the worry of re-attending for repeat films.

VENEREAL DISEASE

Dr. Philip S. Silver has supplied the following information which relates to Bolton residents only in attendance at his clinic.

The number of new cases of syphilis attending the clinic from Bolton was 14 which is an increase of 4 over the previous year. One of these was a case of primary syphilis. The number of cases of gonorrhoea from Bolton was 123—an increase of 49 over the previous year and only 2 less than in 1947 which was one of the peak years. The number of new non-venereal cases was 348 which is an increase of 28 over the previous year.

Once again the number of female cases under 21 years of age represented more than 50 per cent of all new female cases. Male cases under the age of 21 years were just over 9 per cent of all male cases. This corresponds with the trend throughout the country proving once more that the biggest population at risk as far as venereal disease is concerned is in the 14 – 21 age group. Perhaps the most disquieting thing about the increase in this age group is that practically none of these patients has any idea of what venereal disease is and what its consequences may be. It would appear that there is a need for publicity on the subject of venereal disease directed at this group.

The clinic staff carried out 106 domiciliary visits for the purpose of ascertaining the cause of non-attendance. There were 59 patients referred by the Moral Welfare Worker. Fourteen cases were referred from ante-natal clinics.

The following table summarises the situation for the past eleven years:—

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Syphilis	44	58	48	36	43	23	22	19	19	10	14
Gonorrhoea	80	64	50	60	75	58	55	57	58	74	123
Non-Venereal Disease	405	334	316	333	237	286	256	214	265	320	348
TOTALS:	529	456	414	429	355	367	333	290	342	404	485

PART IV

ENVIRONMENTAL HYGIENE

Work of the Public Health Inspector

Housing and Slum Clearance

Clean Air

Inspection and Supervision of Food

General Sanitation

Disinfection and Disinfestation

Report of the Borough Analyst

Statistical Tables

WORK OF THE CHIEF PUBLIC HEALTH INSPECTOR

Staff:

It is often said that it is a mistake to disturb a winning team, and it is to be regretted that towards the close of the year (1961) five public health inspectors had resigned in quick succession in order to take up positions with other neighbouring Corporations for increases in salary of approximately £200. You will remember that when a similar exodus of inspectors for the same reason occurred eight years ago the establishment was reviewed, and, amongst other things, a training scheme for pupils was amplified, and it is irritating to know that most of the inspectors now leaving Bolton have been trained in our own department.

The Health Committee and the Corporation are actively formulating plans to improve the position, and to stop the flow of inspectors from Bolton.

At the end of the year the staff comprised:—

Chief Public Health Inspector
Deputy Chief Public Health Inspector
3 Specialist Food Inspectors
4 Specialist Housing Inspectors
1 Specialist Smoke Inspector
1 Specialist Inspector—Smoke Control Areas
10 District Public Health Inspectors (1 engaged on Smoke Control Areas; 1 engaged on Food and Drugs sampling).
5 Pupil Public Health Inspectors

School Hill Disinfecting Station:

Foreman
5 Rodent Operatives

During the year one pupil public health inspector and one member of the clerical staff qualified as public health inspectors and were duly appointed district inspectors; one (the former pupil) has since resigned. One other appointment (of an outside applicant) to the post of district public health inspector was made during the year, and one appointment of a clerk to a pupilage.

During the year two district inspectors gained their certificates as inspectors of meat and other foods.

Work Done:

The details of complaints received from the public; types of premises subject to routine inspection—with or without complaint; a summary of visits and inspections for the purpose of detecting sanitary defects; details of notices served, a summary of legal proceedings taken to secure repair of properties and details of sanitary improvements effected are given in Tables 1 to 6, on pages 136 and 140.

Clean Air—Industrial Smoke:

During the year a large new foundry was constructed, and the difficult problem connected with emissions from large cupola furnaces which were installed was successfully overcome by the installation of a Schneibel multi-stage

wet washer, which removed a very high percentage of the grit and suspended matter in the fumes emitted from the furnaces. It is believed that this is the first installation of its kind to be used on a furnace of this type in Great Britain. Another industrial plant which for a long time had given rise to intermittent grit nuisance has now been modified by the installation of a large oil-fired furnace costing over £50,000.

You will recollect that frequent complaints were received during the year from marine stores where the burning of car bodies took place; this was resolved by a prosecution against one of the Companies concerned, and no further complaints have been received.

New Abattoir:

A site has now been purchased, and plans are in course of preparation for the construction of a new abattoir in Lever Street, Bolton. It is hoped that the building will be commenced during the next year.

Noise Nuisance:

A new Noise Abatement Act, 1960, enabled several complaints about noise to be resolved, including one which may be familiar to you in connection with Merton Mill. Many observations were taken in connection with alleged noise nuisance from Wolstenholme Bronze Powders, Sharples, but statutory action was not considered necessary.

Slum Clearance:

The demolition of properties in the Bridgeman Street/Nile Street area were completed and demolition of most of the premises in the Moncrieffe Street/Lever Street/Foundry Street area is substantially completed. Additional Compulsory Purchase Orders were made in the Reservoir Street/Slaterfield area in February, 1961, and a Public Inquiry was held on these Orders on the 7th November, 1961; the result is awaited. A further Public Inquiry was held on the Derby Ward (Gate Street) areas on the 13th June, 1961, and the Compulsory Purchase Orders for this area were confirmed on the 10th October, 1961. Other Orders confirmed by the Minister during the year included Shuttle Street/Kirk Street; Partridge Street/Lupton Street areas. During the first five years (1955 to 1960) slum clearance areas have enabled 1,801 houses and other buildings to be dealt with, and most of these have already, or will shortly be demolished.

New Slum Clearance Areas:

The detailed inspection of Egyptian Street/Pen Street/St. John Street Clearance Area was commenced in 1961, and the area will be represented to the Health Committee during the next month or two.

New Housing Act:

The Housing Act, 1961, came into force on the 25th November, 1961, and the principal item of note which will interest you is that further powers have been conferred on local authorities in respect of houses-let-in-lodgings or occupied by more than one family, and it is hoped that improved standards will be secured when the legislation is implemented.

HOUSING AND SLUM CLEARANCE

Clearance Areas and Compulsory Purchase Orders:

During the year demolitions of properties in the Bolton (Bradford Ward No. 1) Compulsory Purchase Order, 1958—Nile Street area—were completed and demolitions of properties within the Bolton (Bradford Ward Nos. 2-9) Compulsory Purchase Orders, 1959—Moncrieffe Street area—were commenced. Bolton (Bradford Ward Nos. 10 and 11) Compulsory Purchase Orders, 1961—Slaterfield area—were represented to the Health Committee on the 15th February, 1961. Compulsory Purchase Orders were made in each case. There are 155 dwelling houses and 21 combined shops and dwellings and other premises in the Compulsory Purchase Orders. Approximately 297 persons will require rehousing.

In the Bolton (Bradford Ward No. 10) Compulsory Purchase Order, 1961, objections were made to the Minister of Housing and Local Government concerning eight properties that they should not be included within the Compulsory Purchase Order because the properties are not unfit or on other grounds than unfitness. In the Bolton (Bradford Ward No. 11) Compulsory Purchase Order, 1961, objections were made to the Minister concerning four properties that they should not be included within the Compulsory Purchase Order either because the properties are not unfit or because it is not reasonably necessary to purchase them for the local authority's purpose. Representations were made that in these two areas seventeen properties have been well maintained.

A public Inquiry was held in connection with these two Compulsory Purchase Orders on the 7th November, 1961, and the result is awaited.

A Public Inquiry was held in connection with the Bolton (Derby Ward Nos. 7 and 8) Compulsory Purchase Orders, 1960—Balshaw Street and Gate Street areas—on the 13th June, 1961.

Objections were made to the Minister concerning the inclusion of thirty-four properties. Representations were also made to the Minister that in these two Areas sixty premises have been well maintained.

The Minister of Housing and Local Government confirmed both Orders, with modifications on the 10th October, 1961.

The Bolton (Derby Ward Nos. 1, 2 and 4) Compulsory Purchase Orders, 1960 were confirmed by the Minister as follows:—

27th June, 1961	Bolton (Derby Ward No. 4) Compulsory Purchase Order, 1960—Shuttle Street/Kirk Street area—confirmed without modification.
4th August, 1961	Bolton (Derby Ward No. 1) Compulsory Purchase Order, 1960—Partridge Street area—confirmed without modification.
4th August, 1961	Bolton (Derby Ward No. 2) Compulsory Purchase Order, 1960—Lupton Street area—confirmed with modification.

Under the first five years' (1955-1961) slum clearance programme prepared by the Council, 1,801 houses and other buildings have been dealt with in Clearance Orders or Compulsory Purchase Orders. Over half of this number have been demolished (968). During the year inspections were commenced in the proposed Egyptian Street Clearance Area. It is expected that the area will be represented to the Health Committee during the early part of 1962.

Many housing inspections were also carried out on properties which are not at present included in the Council's published slum clearance programme to make preliminary classifications as to unfitness under the Housing or Town Planning Acts.

Enquiries from Purchasers of Houses:

Numerous enquiries at the Health Department continue to be made by interested persons. The inspectors gave information on the existing slum clearance programme to 1,548 enquirers during the year. 2,450 enquiries regarding land charges were received from potential purchasers of properties within the borough.

Compensation:

Under the Housing Act, 1957, payments may be made in respect of condemned houses which have been:well maintained by either the occupier or the owner.

Temporary provisions have also been made for payments to owner-occupiers and others in certain circumstances in respect of unfit houses purchased, closed or demolished under Parts II or III of the Act.

Payments may be made by a local authority towards removal expenses or loss sustained through disturbance of trade or business as a consequence of action taken under the Housing Act, 1957.

Housing Act, 1961:

The Housing Act, 1961 came into force on the 25th November, 1961, and among other provisions confers further powers on local authorities as regards (a) houses let-in-lodgings or occupied by more than one family, and (b) houses or other buildings affected by Clearance Orders and Demolition Orders; amends section 5 of the Rent Act, 1957, by allowing a greater increase in the permitted rent for improvements, to alter the circumstances in which improvement grants and standard grants may be made under Part II of the Housing (Financial Provisions) Act, 1958, and the Housing and House Purchase Act, 1959, and amends the law with respect to repairing obligations in short tenancies of dwelling houses.

Improvement Grants:

The following information has been kindly supplied by the Borough Engineer in respect of the year 1961:—

No. of applications received	490
No. of applications approved by Council	491
No. of applications refused	–
No. of applications cancelled	6

The Borough Engineer states that in all cases applicants are interviewed and where possible inspections are carried out so that advice can be given prior to the application being made, so as to avoid the necessity for the refusal of applications. In addition the Borough Engineer requests the advice of the Health Department in all cases as to whether or not the houses concerned are likely to have a life of not less than fifteen years. Such information is, of course, merely in the nature of a provisional estimate based on the Chief Public Health Inspector's appreciation of the situation, as the Corporation's approved programme of slum clearance does not extend beyond the year 1966.

Certificates of Disrepair—Rent Act, 1957:

In view of the complexity of the procedure for the issue of various certificates under the Rent Act, 1957, all applications for certificates have continued to be dealt with by the Insanitary Areas and Premises Sub-Committee. No appeals to the Courts have been made against any of the Sub-Committee's decisions since the Act came into force.

The following table gives details of the types and numbers of certificates applied for, and the action taken by the Sub-Committee.

APPLICATIONS FOR CERTIFICATES OF DISREPAIR:		
Number of applications for certificates		15
Number of decisions not to issue certificates		3
Number of decisions to issue certificates:		
(*a*) In respect of some but not all defects	6	
(*b*) in respect of all defects	2	8
Number of undertakings given by landlords under paragraph 5 of the First Schedule		7
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule		–
Number of certificates issued		8
APPLICATIONS FOR CERTIFICATES AS TO THE REMEDYING OF DEFECTS:		
Number of applications by tenants	–	
Number of applications by landlords	1	1
Number of certificates issued		1
APPLICATIONS FOR CANCELLATION OF CERTIFICATES:		
Applications by landlords to Local Authority for cancellation of certificates		9
Objections by tenants to cancellation of certificates		6
Decisions by Local Authority to cancel despite tenants' objections		–
Certificates cancelled by Local Authority		3

STATEMENT OF ACTION TAKEN UNDER RENT ACT, 1957 SINCE 6TH JULY, 1957 UP TO PRESENT DATE

Number of applications for Certificates of Disrepair	530
Number of undertakings given by landlords	188
Number of Certificates of Disrepair issued	337
Number of Certificates of Disrepair cancelled by Local Authority	65

Housing Statistics:

HOUSES NOT INCLUDED IN CLEARANCE AREAS:

Action was taken under the appropriate enactments as follows:—

NEW ACTION:

Houses represented under Section 16 of the Housing Act, 1957	94
Demolition Orders made	74
Closing Orders made	86
Undertakings not to re-let for human habitation	–

COMPLETED ACTION:

Houses demolished	69
Persons rehoused	144
Houses closed (including 171 awaiting sealing up)	222
Persons rehoused	129
Cases pending at close of the year	27

Housing Inspections:

INSPECTION OF DWELLING-HOUSES

1. Dwelling-houses inspected for housing defects (under Public Health Act or Housing Acts)	2,879
Inspections made for the purpose	9,723
2. Dwelling-houses (included under sub-head (1) above) which were inspected under the Housing Consolidated Regulations, 1925, as amended by the Housing Consolidated Amendment Regulations, 1932	478
Inspections made for the purpose	478

REPAIRS—INFORMAL ACTION

Unfit or defective houses rendered fit as a result of informal action by the Local Authority under the Public Health Act or Housing Acts	249

ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT, 1936

Houses in which defects were remedied after service of formal notices:—

By owners	217
By Local Authority in default of owners	18

HOUSING ACT, 1957

No action was taken under sections 9 or 10.

CLEAN AIR

Measurement and Investigation

A volumetric air sampling unit was installed at the Civic Centre in July, 1951, and it was quickly recognised that this method of measuring atmospheric pollution gave more accurate and detailed information than did the standard deposit gauge and sulphur dioxide candle instruments which had been in use for many years, as part of a national survey. The results obtained by all local authorities and other bodies co-operating in this national scheme were co-ordinated and reported upon by the Department of Scientific and Industrial Research, Fuel Research Station, enabling comparisons to be made between different areas; the records extending over many years were valuable in studying trends of change.

Early in 1957 it was decided that notwithstanding the Corporation's continued participation in the national scheme, it was desirable, in view of the changes which would result from the implementation of the Clean Air Act, 1956, to study and record for future reference detailed information on atmospheric pollution in various parts of the town. For this purpose eight additional volumetric air sampling stations were set up at selected sites, in the form of a grid, to cover the Borough. This pattern for the use of the volumetric air sampling technique has now been adpoted by other local authorities and the Department of Scientific and Industrial Research has decided that the national survey shall in future be based on the results obtained by this method. As the coverage provided by our volumetric air sampling stations is adequate for local as well as national survey purposes, the standard deposite gauge stations were terminated in December, 1961.

Industrial Furnaces

Prior Approval, Clean Air Act, 1956, Section 3(2)

Nine applications for approval of proposed furnace installation were dealt with under this section. In each case approval was given; in some instances modifications of the original proposals were recommended and adopted.

Notification, Clean Air Act, 1956, Section 3(3)

Eight schemes were notified under this section, in addition to the nine mentioned above.

The installation of flue gas washing equipment to three cold blast cupolas which had been the subject of joint negotiation between the Corporation's Prior Approval Consultative Panel and the representatives of a firm building a large new foundry adjacent to a residential area in the borough was completed during the year. The main production unit which is in operation for five days each week is a ten ton/hour cupola. It is fitted with a double stage washer of the Holmes Schneibel type. A seven ton/hour cupola which is for stand-by purposes only is fitted with a single stage washer, and a twenty ton/hour cupola required only for a specialised piece of work occurring only on some six or eight days a year is also fitted with a single stage washer.

This installation is a substantial advance on the generally existing standard of fume and dust control applied to cold blast cupolas in Great Britain.

The ten ton unit has been in operation since the 1st December, and observations suggest that it is completely successful in preventing dust emission, and that visible fume is very light for a unit of this size.

Improvement and Replacement of Furnaces

The main improvements and replacements of existing furnaces and boiler plant during 1961 were as follows:—

The building of a new boiler house and the installation of three 3 pass economic boilers oil fired rendering redundant an existing installation of three Lancashire boilers with outdated mechanical stokers.
The installation of four chain grate stokers to replace hand firing on two Lancashire boilers.
The installation of nine coking type stokers to replace outworn sprinkler type stokers on four Lancashire boilers and one Cornish boiler.
The installation of one 3 pass economic boiler with coking type stoker and grit arrester to replace two Lancashire boilers of the hand fired type
The installation of two vertical boilers with underfeed stokers to replace hand fired boilers.
The installation of one underfeed stoker to a Cornish boiler to replace hand firing.
The installation of a 3 pass economic boiler oil fired replacing two Lancashire boilers coal fired.
The installation of oil firing equipment to replace coal firing on four Lancashire boilers.
The installation of a patented smoke burning system to one Lancashire boiler.
An increase in chimney height to an existing furnace.
The installation of a bag filter type of dust arrester to an industrial process.
An increase in height of exhaust fume ducting from an industrial process.

Smoke Control Areas

The following shows the position regarding smoke control areas at 31st December, 1961:—

Table of Smoke Control Areas

under Bolton Corporation Act, 1949, and Clean Air Act, 1956

	Order Confirmed	Operative
Town Centre Smokeless Zone	3.4.54	1.11.54
Acreage	86	
Houses	225	
Factories	76	
Commercial Premises	661	
Miscellaneous	88	
East Ward Smoke Control Area	14.11.57	1. 6.58
Acreage	58.1	
Houses	252	
Factories	40	
Commercial Premises	9	
Miscellaneous	21	

Crook Street Smoke Control Area	29. 4.58	1.11.58
Acreage 2.1		
Houses (All Corporation) 81		
Queens Park Smoke Control Area	22. 7.60	1. 5.61
Acreage 140		
Houses 184		
Factories 25		
Commercial Premises 33		
Miscellaneous 15		
School Hill Smoke Control Area	19. 1.60	1. 8.60
Acreage 8.745		
Houses (All Corporation) 301		
Beverley Road Smoke Control Area	19. 1.60	1. 8.60
Acreage 0.787		
Houses (All Corporation) 18		
Deane Smoke Control Area	15. 5.61	1. 5.62
Acreage 126.24		
Houses 802		
Factories 4		
Commercial Premises 9		
Miscellaneous 4		
Breightmet Estate Extension Smoke Control Area	15. 5.61	1. 5.62
Acreage 68.88		
Houses (All Corporation) 142		
Miscellaneous 1		
Crumpsall Street Estate Extension Smoke Control Area	15. 5.61	1. 5.62
Acreage 1.77		
Houses (All Corporation) 12		
Leonard Street Estate Extension Smoke Control Area	15. 5.61	1. 5.62
Acreage 1.27		
Houses (All Corporation) 32		
Lever Edge Lane Estate Extension Smoke Control Area	15. 5.61	1. 5.62
Acreage 1.21		
Houses (All Corporation) 20		
Greenland Road Smoke Control Area	15. 5.61	1. 5.62
Acreage 3.32		
Houses 32		
Radcliffe Road Smoke Control Area	15. 5.61	1. 5.62
Acreage 16.13		
Houses 102		
Ashworth Lane Smoke Control Area	15. 5.61	1. 5.62
Acreage 35.36		
Houses 223		
Moss Farm Estate Smoke Control Area	Agreed in principle by Ministry 12.8.60	
Acreage 10.77		
Houses 123		
Hulton Smoke Control Area	28.12.61	1.10.62
Acreage 63.98		
Houses 666		
Rumworth Smoke Control Area	28.12.61	1.10.62
Acreage 95.22		
Houses 1543		
Lever Edge Lane (South) Smoke Control Area	28.12.61	1.10.62
Acreage 102.8		
Houses 628		
Heaton Smoke Control Area		
Acreage 425.6	Order made by Council 1.11.61 —awaiting confirmation— suggested date of operation 1.5.63	
Houses 3453		

The Queens Park Smoke Control Order which had been confirmed during 1960 came into operation on the 1st May, 1961. Some difficulty was experienced in connection with the submission of applications for approval of proposed works, and no fewer than three separate reminders were sent out to householders. At the operative date a number of applications for approval of works had not been formally approved by the Council, but in these cases so as not to prejudice the applicant's entitlement to financial assistance from the Corporation, statutory notices were served under section 12 of the Act requiring the carrying out of necessary alterations; a total of 35 statutory notices was served.

Statutory notices were also served by way of enforcement of fire-grate alterations upon the owners of two houses in this Area; the necessary works have since been carried out in compliance with the notices. Generally speaking, there has been a good degree of compliance with the requirements of the Order.

In May, 1961, the Minister of Housing and Local Government confirmed the Smoke Control Orders made in respect of the following Areas:—

Deane
Extension of Breightmet Neighbourhood Unit
Extension of Crumpsall Street Estate
Extension of Leonard Street Estate
Extension of Lever Edge Lane Estate
Greenland Road
Radcliffe Road
Ashworth Lane

The Orders as confirmed by the Minister would have come into operation on the 1st December, 1961, but the actual date of operation was postponed, by special resolution of the Interim Sub-Committee, until the 1st May, 1962. Immediately following the receipt of confirmation of the Orders, all occupiers of premises within the various Areas were circularised as to the effect of the Order and (in the case of occupiers of pre-Clean Air Act private dwellings) supplied with forms of application for approval of proposed works.

The Minister, however, declined to confirm the Order in respect of the Oldhams Estate Extension affecting twenty new Corporation dwellings on the grounds that the area covered was too small and too isolated from the areas ultimately to be covered by the Council's Smoke Control Programme as to justify the making of an Order.

Redevelopment continued during the year in the Areas affected by the Ashworth Lane and Radcliffe Road Smoke Control Orders. Routine checks have been regularly made as to the extent of new development in these two Areas, and as houses have become occupied the householders have been advised of the effect of the Orders, and given appropriate advice and literature as is normally done at the time of the survey visits prior to the making of an Order. At the end of 1961 development of the Ashworth Lane Area was virtually completed, but the Area affected by the Radcliffe Road Order was only developed to the extent of about one-third; development is continuing.

In May, 1961, Orders were made in respect of the Hulton, Rumworth and Lever Edge Lane (South) Smoke Control Areas. By this date the activities of the "North Western Regional Council for Realism in Smoke Control" referred to in the Report for 1960 had ceased; it is not surprising, therefore, that no objections whatever were lodged against the Orders by persons residing in the Areas concerned. Only one objection was in fact lodged against the three Orders being made on behalf of the Bolton and District Coal Traders' Association. Representations were made on behalf of this body regarding difficulties which it was alleged would arise in connection with the proposed date of operation, (i.e. 1st May, 1962). The Health Committee, therefore, agreed to a postponement of the operative date until the 1st October, 1962. On their part the Bolton and District Coal Traders' Association agreed to withdraw their objection . Consequently the Minister was able to confirm the three Orders without the necessity of holding a Public Inquiry, and the Orders were in fact confirmed on the 28th December, 1961.

At the time of the making of the Orders a special circular was delivered to all the householders, setting out briefly the necessity for the Orders and showing in visual form the Smoke Control Programme for Bolton of the progress being made, and appealing for support for the Council's clean air activity.

All occupiers of premises in these three Areas were circularised early in 1962, and in comparison with the earlier Areas this elicited an immediate and steady stream of applications for approval of works. There is no doubt that the public are becoming much better informed as to the advantages of Smoke Control Areas and their implementation, and clearly many householders now welcome rather than resent the Council's activities in this field.

In November, 1961 the Council made an Order in respect of the Heaton Smoke Control Area. This is the largest Area so far dealt with, and lying between Spa Road on the south and Whitecroft Road on the north, Greenmount Lane on the west and Park Road on the east. This Order still awaits the Minister's confirmation.

Every effort has been made to ensure that householders who will be affected by Smoke Control Orders are given sufficient advice and assistance. During the preparatory stages pamphlets are delivered, supplied by the Ministry of Housing and Local Government, the Solid Smokeless Fuels Federation, the Women's Advisory Council on Solid Fuels, the Electricity Industry, the Gas Industry and the National Society for Clean Air. A special locally produced circular is also distributed at the time of the making of the Order. Posters are displayed at suitable points within the Areas affected (in addition to their display at suitable times of the year in Corporation buses). In addition, the Mobile Exhibition of the Solid Smokeless Fuels Federation paid two visits to Bolton during the year, when it was stationed for half day periods at suitable vantage points within the various Areas; static exhibition material supplied by the Federation and also by the National Society for Clean Air was on display in the foyer of the Central Library during parts of October and November.

The following Table gives details of action taken in the implementation of the confirmed Smoke Control Orders.

	Queens Park Smoke Control Area	Ashworth Lane Smoke Control Area	Deane Smoke Control Area
1. APPLICATIONS			
No. of houses in respect of which applications for approval of proposed works were submitted.	64	6	127
Estimated expenditure liable for grant	£1,141	£50	£1,963
Amount of grant payable by Corporation (seven-tenths) ..	£799	£35	£1,374
No. of applications approved for 100% grants	1	–	7
Estimated additional cost of 100% grants	£4	–	£41
2. CLAIMS			
No. of houses in respect of which claims for payment of grant were received	60	–	15
Total amount paid by way of grant	£979	–	£158

Reference was made in the 1960 Report to the increasing popularity of electrical and gas appliances. The following Table based on applications dealt with up to the end of 1961 clearly indicates this trend.

Smoke Control Area	Year Operative	Type of Appliances selected for replacement of existing appliance			% of Electric or Gas Conversions
		Solid Fuel	Electric	Gas	
East Ward ..	1958	30	3	2	14%
Queens Park ..	1961	91	16	19	28%
Deane	1962	87	40	8	36%
Ashworth Lane	1962	3	2	–	40%

During the year the Minister of Housing and Local Government agreed to allow electric igniters to rank for grant provided (a) that "works" of some kind (e.g. fire-grate alterations, electrical wiring) were also required, and (b) that the cost of electrical ignition was broadly the same as that of gas ignition. Few applications had been received by the end of 1961 for the provision of electric igniters, although subsequent experience suggests that they are now gaining in popularity. All the Orders made since the "sticks and paper" circular was issued have contained a general exemption clause enabling solid fuel fires in houses without gas supply to be ignited by means of kindling sticks and paper.

During the year 54 warnings (verbal and/or written) were issued by inspectors in respect of contraventions of the various Smokeless Zone and Smoke Control Orders in operation.

INSPECTION AND SUPERVISION OF FOOD

Milk

Milk and Dairies (General) Regulations, 1959:

No. of Dairies	10
No. of Milk Distributors (including retail shops and dairy roundsmen)	560
No. of Dairy Vehicles	123

Milk and Dairies (Special Designation) Regulations, 1960:

Insofar as licences granted by a food and drugs authority are concerned, the above Regulations came into effect on the 1st January, 1961. Supplementary licences are now discontinued, and dealers' licences now permit the sale of milk in areas outside the licensing authority. Licences, valid for a five year period, permit the use of "special designation" e.g. "Tuberculin Tested", "Pasteurised", etc., in relation to milk produced and distributed under the condition laid down in the Regulations. The following licences, renewable in 1966, were granted:—

"Pasteurised Milk"—Pasteurisers' Licences	2
"Sterilised Milk"—Sterilisers' Licences	1
Dealers' (Pre-packed Milk) Licences	560

Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954

This Order defines an area, which includes the area of the County Borough of Bolton, in which no milk may be sold by retail unless it has either (a) been derived from a tuberculin tested herd and/or (b) been treated by pasteurisation or sterilisation.

Cream does not necessarily have to be derived from a tuberculin tested herd or be heat-treated. Ten samples of cream and cream cake fillings were taken, four of which were found to be of a satisfactory standard bacteriologically.

Dairies and Dairy Vehicles:

	Dairies	Dairy Vehicles
No. of inspections	77	79
No. of notices served	3	20

Most of the dairy vehicles were of a good standard. Warnings have been given, however, concerning the absence of name and address on retailers' vehicles.

Sampling of Milk for Bacteriological Examination:

Samples of milk were taken regularly from dairies pasteurising establishments, milk shops, schools, and vending machines, and during course of delivery to consumers. Details of the examinations carried out are given on page 131.

Three samples failed to satisfy the methylene blue test prescribed in the Milk (Special Designations) Regulations, 1960. One, a carton of pasteurised milk obtained from an automatic vending machine, was supplied by a dairy outside the borough. The handling of the carton after delivery to Bolton appeared to be satisfactory, and the matter was referred to the authority in whose area the pasteuriser's premises are situated for investigation. In the case of two samples of tuberculin tested farm-bottled milk which failed the test, the findings were notified to the Divisional Milk Officer, who arranged investigations at the farms concerned.

Biological Sampling of Milk:

Thirty-one samples of raw milk were submitted to the Pathological Laboratory of the Bolton Royal Infirmary for examination. In all cases, the samples were reported negative.

Sampling of Milk for Chemical Analysis:

511 samples were taken, eighteen of which were reported as unsatisfactory. In three instances involving four samples, the samples were taken from batches of churns from the same supplier, and although the individual samples were below the legal standard, the average for each consignment as a whole was satisfactory.

In the case involving four samples which were deficient in milk fat and another concerning four samples in a consignment containing extraneous water, warning letters were sent after the matters had been considered by the Town Clerk's Department.

A sample of bottled milk was found to be slightly deficient in fat; a repeat sample was satisfactory. In the case of another bottle of milk, in which the fat content was below the legal standard, subsequent "appeal-to-cow" samples showed the milk to be genuine.

A sample of hot milk was found to contain extraneous water, probably as a result of heating by steam injection. The case was referred to the Town Clerk, by whom a warning letter was sent to the vendor.

Three bottles of milk obtained primarily for bacteriological examination were found to be deficient in fat. In each case, repeat samples were satisfactory.

Bacteriological Examination of Ice Cream:

Fifty-four samples of ice cream were taken from manufacturers and vendors. Twenty-four samples were reported as unsatisfactory according to the provisional gradings of the Public Health Laboratory Service, and in addition six samples which satisfied these standards were, however, contaminated by intestinal organisms and were also classed as unsatisfactory. One sample was void; two samples of ice-cream flavourings were satisfactory. Details of the samples are given on page 131.

A large number of the unsatisfactory samples were those taken during various stages of production, when investigating the cause of unsatisfactory samples from a local manufacturer.

Inspection of Meat and Other Foods:

The inspection of food at slaughterhouses, markets and food shops has continued to be carried out with great efficiency, and for this purpose 3,390 visits were made by the inspectors.

Meat Inspection:

The rate of slaughtering was as follows:—

	Cattle	Calves	Sheep	Pigs	Total
Average Weekly "Kill"	308	35	903	386	1,632
Maximum Weekly "Kill"	478	74	1,717	684	2,953

The following Table shows the number of animals slaughtered and inspected, together with the incidence of diseases and other abnormalities in carcases inspected at the private slaughterhouses and the public abattoir:—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	7,755	8,162	1,812	46,964	20,100
Number inspected	7,755	8,162	1,812	46,964	20,100
All diseases except Tuberculosis and Cysticercosis: Whole carcases condemned	7	21	17	18	25
Carcases of which some part or organ was condemned	2,161	2,674	27	1,548	1,384
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	27·9	31·8	2·4	3·5	6·8
Tuberculosis only: Whole carcases condemned	6	2	–	–	2
Carcases of which some part or organ was condemned	104	9	–	–	78
Percentage of the number inspected affected with tuberculosis	1·4	0·13	–	–	0·4
Cysticercosis: Carcases of which some part or organ was condemned	20	8	–	–	–
Carcases submitted to treatment by refrigeration	20	8	–	–	–
Generalised and totally condemned	–	–	–	–	–

Analysis of Parts or Carcases of Animals Condemned

This table gives the percentage of the various conditions found, in relation to the total number of animals affected. Some animals were found to be affected with two or more conditions.

Nature of Disease or Condition	Percentage
Tuberculosis	2.5
Cysticercus Bovis	0.3
Distomatosis (Liver Fluke)	37.9
Septicaemia and Pyaemia	2.9
Mastitis	21.0
Actinomycosis	0.5
Pneumonia and Pleurisy	11.1
Others	55.3

There was again an increase in the number of animals killed during the year as shown in the following table:—

	1959	1960	1961
Cattle excluding cows	5,840	6,979	7,755
Cows	6,920	7,801	8,162
Calves	1,219	2,068	1,812
Sheep and Lambs	39,695	39,261	46,964
Pigs	17,896	19,212	20,100

It is pleasing to be able to report that despite this appreciable increase in the number of animals killed, one hundred per cent inspection was maintained, though this entailed an inspector being on duty every week-end throughout the year.

Cysticercus bovis:

Twenty-eight cases of cysticercus bovis were discovered on inspection at the various slaughterhouses. All cases were dealt with by refrigeration, in accordance with Memo 3/Meat before release for human consumption. It is interesting to note that the animals concerned were obtained from widely separated districts, fourteen cases being in imported Irish cattle. Ten cases were discovered by incision into the heart muscle, no lesion being found in other sites in the carcase, proving that this method of inspection is essential if this condition is to be discovered as effectively as possible.

Foodstuffs Condemned

	Tons	Cwts.	Qrs.
Meat (Fresh)	50	19	2
Meat (Tinned)	1	4	–
Boiled Ham (Tinned)	2	4	1
Tongue (Tinned)		14	1
Fish (Fresh)		13	–
Fish (Tinned)		5	–
Milk (Tinned)		2	3
Poultry and Rabbits	4	7	1
Fruit and Vegetables (Fresh)	13	15	3
Fruit and Vegetables (Tinned)	3	9	1
Provisions (Miscellaneous)	1	16	1
Total	79	11	1

Disposal of Condemned Meat:

During 1961 all condemned meat and offal was collected in accordance with the appropriate regulations. Facilities were again given for the collection of certain glands and organs for pharmaceutical purposes under strict control of the meat inspectors. All other items are processed for use as fertiliser or animal feeding stuffs.

Slaughterhouses:

A number of improvements have been carried out at private slaughterhouses within the borough.

Certain "stop gap" improvements have been carried out at the Public Abattoir, and whilst appreciating what has been done, it is felt that the only solution to the problem is the speedy erection of the proposed new abattoir with all the consequent structural advantages which greatly ease the work of control and inspection of slaughtering.

Slaughter of Animals Acts, 1933-1958:

During the year forty-four licences were issued to slaughtermen. Legal proceedings were taken against one slaughterman who was observed slaughtering a sheep without first stunning it. A fine of £5 was imposed. No other contraventions were reported.

Diseases of Animals Acts:

Foot and Mouth Disease:

From the 17th to the 20th February the borough was included in a controlled area due to an outbreak of disease at Oswestry Cattle Market. 191 licences controlling the movement of 671 cattle, 77 calves, 1,151 sheep and 723 pigs were issued. No cases were reported in the borough.

Fowl Pest:

Two premises within the borough were declared to be infected places and 3,500 birds were slaughtered and disposed of by burial. Sixteen other premises in the vicinity were placed under restriction in connection with these cases, but no further outbreak was notified. It was believed that the original case was due to poultry being transported for slaughter in a poultry dealer's vehicle which had carried the disease.

Restrictions were placed on six other premises during the year due to possible contacts. No outbreaks occurred, and the restrictions were lifted.

Tuberculosis (England and Wales Attested Area) Order, 1960:

The full effect of this Order is being shown this year in the incidence of tuberculosis found on meat inspection, only eleven cases being found in home produced cattle, as against a figure of 1,297 in 1959 and 347 in 1960. Most of the cases found this year were in imported Irish cattle, non attested, which are allowed into the country for slaughter on licence to certain approved centres.

Cases found in cattle bought in this country are reported to the Ministry of Agriculture, Fisheries and Food for tracing.

Tuberculosis Order, 1938

It is significant to note that there were no animals slaughtered under this Order during the year.

Anhtrax Order, 1938:

Three cases of suspected anthrax were investigated (two pigs, one cow). The disease was not confirmed in any of the cases.

A case of anthrax in a golf course employee was notified to this Department by a local authority in Yorkshire. It transpired that the man had been using bone meal purchased from a firm in Bolton and which on subsequent examination was found to contain anthrax spores.

An inspection was made of the firm's premises, and it was found that the material in question was unsterilised imported bone meal from a country where anthrax is endemic. The local firm immediately surrendered all the remaining stocks which were destroyed by incineration. The local authority in whose area the importer was situated was informed, and a report sent to the Ministry of Agriculture, Fisheries and Food.

Swine Fever Order, 1938:

One case of suspected swine fever was found on inspection at the public abattoir. Two premises within the borough were placed under the restrictions. The disease was not confirmed and the restrictions were lifted.

From the 1st June until the 5th October, Bolton was included in a Swine Fever Infected Area. During this period licences were issued covering the movement of 2,085 pigs.

Food and Drugs Sampling for Chemical Examination:

The following samples of food and drugs were obtained by the public health inspectors for chemical analysis:—

	Genuine	Unsatisfactory	Total
Food Samples:			
Formal..	32	7	39
Informal	442	27	459
Drug Samples:			
Formal..	–	–	–
Informal	94	3	97
Milk Samples:			
Formal..	249	12	261
Informal	244	6	250
Totals ..	1,061	55	1,116

Full details of the above samples are given in Tables 18 and 19 on pages 151 and 153. Action in respect of the unsatisfactory milk samples is reported on page 115.

Other Foods and Drugs:

In a sample of buttered scones, the scones were found to be spread with margarine. Legal proceedings were taken, the vendor being fined five pounds plus three pounds three shillings costs.

In other cases of unsatisfactory samples, action was taken by way of warnings to the vendors or manufacturers of the products concerned, or by the surrender and destruction of the goods.

Food Hygiene:

Details of the visits made, etc. in connection with the enforcement of the Food Hygiene (General) Regulations, 1960, are given in Table 3 on pages 137 and 138. This routine work which now absorbs a considerable proportion of the inspectors' time resulted in considerable improvement being effected in the town's food premises as shown below.

Structural improvements:	
Floors	98
Walls, ceilings	264
Doors, windows	40
Decorations	125
Lighting	23
Ventilation	6
Drainage	7
Fittings, equipment, etc.:	
Sinks, etc.	27
Wash hand basins, etc.	39
Water supplies—cold	15
Water supplies—hot	31
Shop fittings, equipment, etc.	151
Miscellaneous improvements	170

Special attention (including numerous evening visits) has been paid to the hot dog vending machines situated during the evenings at various points around the town centre. Special inspections have also been made of school meals kitchens and hospital kitchens, and detailed reports sent to the Chief Education Officer and Bolton Hospital Management Committee respectively. During the summer months the Department's Health Education was centred upon food hygiene, and included the display of exhibition material in the Central Library; the issuing of special book marks; display of posters in 'buses; supply of various food hygiene posters to selected food premises, etc.

Food Hygiene (General) Regulations, 1960:

Legal proceedings were taken against a firm of retail butchers regarding the sale of dirty minced meat from a shop within the borough. Fines and costs totalling £44 11s. were imposed.

Food Complaints:

Thirteen complaints were received concerning foreign bodies in food, deterioration of food or dirty bottles:—

"Loaf of bread containing mould growths." Owing to the lapse of time between the purchase of the bread and the receipt of the complaint, no formal action could be taken.

"Portion of potted meat containing leg of crane-fly." Microscopic examination showed this to be an animal hair; there was no evidence to show that the food had contained this at the time of purchase.

"Parkin cake contaminated with mouse dropppings." As a result of microscopic examination, it was found that the suspect particles were grains of oatmeal.

"Shelled walnuts infested with larder beetle larvae." Proceedings were taken against the vendor, resulting in a fine of £10 plus five guineas costs.

"Swiss roll containing mould growths." A warning letter was sent to the vendor, which resulted in improved methods of stock control.

"Meat and potato pie containing dark particles." These were found to be particles of sand; a warning letter was sent to the manufacturer.

"Loaf of bread containing brown patches." Brown dough had been baked into a white loaf. The bakery concerned decided to use separate dividing equipment to prevent a recurrence.

"Jam containing beetle." A warning letter was sent to the manufacturer.

"Tin of drinking chocolate containing insect larva." The larva was identified as that of a cacao moth; a discussion with the manufacturer's Chief Entomologist was held.

"Bottle of milk containing piece of glass." An empty bottle was brought to the office, with insufficient evidence to show that it contained the glass at the time of sale. The producer was informed of the complaint.

"Dirty milk bottles." Three complaints were received and were dealt with by means of warning letters. In each case the Divisional Milk Officer was notified for investigation at the farms concerned.

In all the above cases, investigations were carried out to determine the responsibility for the presence of the foreign ingredient or the deterioration. In many instances warning letters were sent when insufficient evidence could be found for formal action or when the complainants were unwilling to participate in legal proceedings.

Infestation in Food:

The following shows the number of samples examined during the years 1957 to 1961, together with the percentage found to be infested with mites or insects and/or rodent excreta:—

Year	Number of Samples Examined	Number of Samples Found to be Infested
1957	81	28 (35%)
1958	112	33 (30%)
1959	115	20 (17%)
1960	144	5 (3.5%)
1961	**177**	**21 (12%)**

177 samples of cereals, dried fruit and other foods were submitted for examination. Of these, thirteen were found to be infested by mites or insects to such an extent as to render them unfit for human consumption, and a further eight showed light contamination by mites. Affected stocks were either surrendered for destruction or consigned for cleansing under supervision, and investigations to locate the source of infestation were carried out with the co-operation of the Infestation Control Division, Ministry of Agriculture, Fisheries and Food.

Although the above Table shows an increase in the percentage of samples found to be infested, this is due to the deliberate policy of seeking out old stocks at retailers' premises which are likely to be heavily infested, and of taking multiple samples at wholesalers' premises, to locate major sources of infestation. This policy of selective sampling has produced an inflated percentage of unsatisfactory samples.

Merchandise Marks Act, 1926:

Routine observations were made at shops and stalls throughout the borough. A circular letter was sent to all fish traders regarding the correct marking of imported frozen salmon.

GENERAL SANITATION

Conversion of Waste Water Closets:

During the year 400 grants for the conversion of waste water closets to fresh water closets were offered to owners, and by the end of the year 245 of these grants had actually been paid. The average cost of conversion is from £30 to £35 at the present time, while the amount of the grant remains £10. It is estimated that there are still at least over 3,250 waste water closets remaining in the borough

Provision of Dustbins:

The decision as to whether at any particular house the dustbin shall be provided or renewed by the owner or by the occupier continued to be dealt with by a special Sub-Committee of the Health Committee. Relevant information was obtained verbally from the tenants concerned, and opportunities were given to their landlords to submit their own written observations. On the basis of the information so obtained, the Sub-Committee recommended, by a separate decision in respect of each house, as to whether the notice should be served on the owner or the occupier as the case may be. During the year twenty-four cases were dealt with. Where statutory notices were not complied with, bins were provided by the Corporation in default.

Public Water Supplies:

All employees of the Waterworks Department who are directly concerned with the water supply are required to submit one specimen of faeces annually for bacteriological examination; new employees are required to submit faecal specimens on three successive days, and a specimen of blood is also taken for a Widal test. During the year specimens were submitted by twenty eight members of the staff, all being reported negative. One new employee's Widal test was negative, but the first of his three faecal specimens was positive for dysentery organisms; following medical treatment three negative samples were submitted; this employee left the Department before the end of the year. Mr. H. R. Davenport, Waterworks Engineer and Manager, has supplied the following information regarding the water supply to the borough:—

"The water supply of the area and of its several parts was satisfactory both as regards quality and quantity.

The water supply of the area is at present filtered at three filter stations Normally, samples of both raw and filtered water are subjected to full bacteriological analysis each week and to full chemical analysis every three months by the Borough Analyst. Special examinations and analyses are made as circumstances require. During 1961, 147 samples of raw and 150 samples of filtered water received bacteriological examination, and 12 samples of both raw and filtered water received chemical analysis. In addition, 63 samples of water from the supply of the Lake District Undertaking were examined and the results showed that the filtered and treated water was of excellent quality, B.Coli being absent in 98.12% of the potable water samples tested. Where 100% bacteriological purity was not obtained, a second sample taken proved to be satisfactory.

From tests made weekly, the final water was shown to have no significant plumbo-solvent action.

No action was required to be taken in respect of any form of contamination.

Regular bacteriological examination of the water in the distribution system has been carried out during the year, B.Coli being absent in all of the 76 samples tested.

The public water mains afforded a direct supply to a population of approximately 160,887 and 57,110 dwelling houses—no supply was afforded to dwelling houses by standpipe.

During the year an additional 373 yards of 2″, 485 yards of 3″, 657 yards of 4″, 45 yards of 6″ and 2,276 yards of 18″ diameter water mains were laid.

The information supplied is in respect of the county Borough of Bolton, although the Undertaking's area of direct supply includes adjoining local authorities."

Sewage Disposal:

The following information has been supplied by Mr. F. W. Allen, Manager, Bolton and District Joint Sewerage Board:—

"During 1961, the sewage treatment plant at Hacken dealt with a total flow of 4,560 million gallons representing an average of 12.5 million gallons per day. Six million gallons of this daily flow was given full treatment by the activated sludge process followed by high-rate biological filtration. Tests made on the effluents from these processes showed that all 186 samples examined were satisfactory. Similarly, of the 6.5 million gallons per day which could not be given full treatment, only 54 samples were satisfactory out of the 186 examined.

The Bolton and District Joint Sewerage Board approved conditions for regulating the nature and quantity of trade effluents discharged from four premises into the Bolton sewers.

During the year substantial progress has been made in the construction of the large regional treatment works at Ringley. When this is completed, in about two years, it will take all the sewage now treated at Hacken."

Factories Act, 1937:

There are 971 factories within the borough which were the subject of 666 inspections, resulting in 115 cases in the service of written notices upon the factory occupiers. Full details of the work carried out under the Factories Act, 1937 are contained in Tables 20 to 23 on pages 154 and 155. Many of the larger cotton mills which have been discontinued as such under the cotton re-organisation scheme are now being converted for multiple occupation by several different factory occupiers; these premises are, of course, subject to section 102 of the Factories Act, 1937, which places the responsibility for certain matters upon the owner as distinct from the occupier of the individual "factory" concerned.

Shops Act, 1950:

There are 1,178 shops within the borough subject to the provisions of this legislation. The sanitary provisions of the Act relating to heating, ventilation, lighting, sanitary accommodation, washing facilities, facilities for taking meals and seats for female shop assistants, are administered by the public health inspectors. During the year 416 routine visits were made and thirty verbal or written notices issued. Thirty improvements were effected as a result. Many premises, e.g. food establishments, etc. are, of course, shops within the meaning of the Act, and the Provisions of the Shops Act are, of course, borne in mind during routine inspections of such premises.

Houses-let-in-Lodgings and Common Lodging Houses:

There were 237 known houses-let-in-lodgings within the borough and 241 visits were paid. Supervision of these premises continues to be extremely difficult, since most sub-tenants are out working during the day and repeated visits frequently in the evenings, are necessary for a complete inspection of any given address.

There are two common lodging houses in the town, i.e. in St. George's Road and Crompton Street respectively. Both premises are operated by the Salvation Army; in the former case the premises are both owned and managed by the Salvation Army, while in the latter case the premises are owned by the Corporation and leased to the Salvation Army. Routine improvements have been carried out at both premises during 1961.

Offensive Trades:

There were five offensive trades within the borough, i.e.

1 Fellmonger
1 Gut-scraper
1 Fellmonger and gut-scraper
1 Fat melter
1 Tripe Boiler

There are no local byelaws affecting these trades, but the comparatively small number of premises involved, and the satisfactory standards of cleanliness and maintenance achieved do not justify the making of special byelaws.

Hairdressing Establishments:

There were 246 hairdressing premises registered in accordance with the Bolton Corporation Act, 1949, section 48. 204 inspections were made and three improvements effected.

Pharmacy and Poisons Act, 1933—The Poisons Rules, 1952:

The names of 186 persons are included in the local authority's list of persons entitled to sell poisons in Part II of the Poisons List. The attention of shopkeepers etc. has been drawn as necessary, either verbally or in writing, to any contraventions of the Act or the Poisons Rules.

Pet Animals Act, 1951:

Eleven licences were issued and twenty-eight inspections were made. The premises generally have been satisfactorily conducted, but where necessary verbal warnings or advice have been given.

Rag Flock and Other Filling Materials Act, 1951:
Rag Flock and Other Filling Materials Regulations, 1951—1954:

This legislation prescribes standards of cleanliness for filling materials used in upholstered articles and stuffed toys and the local authority are required to register premises where the relevant operations are carried out. There were nineteen premises in the borough registered under the Act.

Washed Rags:

Ten certificates as to the bacteriological cleanliness of washed rags for the export trade were issued to a local firm.

Nuisances from Industrial Premises:
Nuisances from Noise or Vibration:

An increasing number of complaints is being received in respect of nuisances from industrial premises, including complaints regarding excessive noise and/or vibration.

Action in respect of noise and vibration which could previously be dealt with only by informal approaches, now has a statutory basis in the Noise Abatement Act, 1960, which came into force on the 27th November, 1960, and which briefly provides that "noise or vibration which is a nuisance" shall be a statutory nuisance for the purposes of the Public Health Act, 1936. Prior to the passing of the Act, a great deal of informal action had been taken by the public health inspectors, and useful practical experience gained. Since the Act came into operation, enquiries have been made and tests carried out to investigate the possibility of using scientific instruments to measure noise levels, but the instruments so far examined suffer from the draw back that they are non-directional in operation, so that it is not possible to measure the sound level from any particular building or process exclusive of the general level of background noise. In the absence of a suitable simple measuring instrument, directional in operation, the present feeling is that the best approach is to assess the presence or absence of nuisance by the pooled observations and opinions of a number of experienced inspectors, each making his own independent assessment so as to eliminate any possibility of subjective bias.

Most of the complaints received were resolved during the year, but a number were still under investigation at the end of the year.

Fertilisers and Feeding Stuffs Act, 1926:

Twenty-four samples were taken and submitted for analysis. Discrepancies were found in five cases, and appropriate warnings were given.

DISINFECTION AND DISINFESTATION

Disinfection:

Routine terminal disinfection of premises after cases of illness is carried out in special cases only. No charge is made where such work is carried out in the interests of public health. Details are given in Table 24 on page 156.

A special stock of equipment, together with a supply of formaldehyde, and a mixture of carbolic soap, water and white cyllin, is retained at School Hill in readiness for immediate use in the event of smallpox occuring. Facilities exist for the disinfection of vehicles and special containers are available for enclosing infected mattresses and bed linen.

Disinfestation:

The Department's pest control service continues to make steady progress, and an increasing number of occupiers of food or other business premises subject to special infestation risks continue to enter into annual agreements with the Corporation for regular treatment of their premises, with a view to preventing insect infestation; in many cases the agreements also provide for preventive measures against rodent infestation. There are now 150 agreements in force, and the annual income from pest destruction has now risen to £3,009. Table 25 on page 156 summarises the work carried out.

Regular destruction treatments to control the rat population in the sewers are carried out by the Borough Engineer's Department in collaboration with the Health Department. Warfarin is the poison in general use, but zinc phosphide and arsenious oxide are used on occasions, paranitrophenol being incorporated to inhibit mould growth.

The schools and school meals kitchens in the borough are surveyed at least once every two months to detect any rodent or insect infestation. Any necessary treatment is carried out immediately.

Control of the rodent population on the Corporation's controlled tipping sites is maintained by regular surveys and treatments. River banks are also subject to regular surveys and any infestation dealt with.

The Curator of Museums has supplied the following information:—

"Beetles continue to hold the first position in the list of specimens brought into the Museum for identification during the previous twelve months. These include genuine household pests and also a considerable number of purely accidental occurrences of creatures completely out of their normal habitat, such as Ground-Beetles caught in kitchens. The most notable case of this kind, however, was of a Giant Water-Beetle (Dytiscus marginalis) which was found alive and kicking in a bakery! These insects are known to migrate from their pond homes (they are strong flying creatures) but the incident is remarkable especially as it was during early spring, their migrations being usually in the later parts of the year.

Of the bona fide pests, Plaster-Beetles are brought in quite frequently, mostly, it would seem, from the new housing estates. From older properties the Golden Spider Beetle continues to create alarm amongst the many householders who mistake it for the Bed Bug. True specimens of the latter have been brought in only very infrequently, however.

Of other groups of pests, the Cocoa Bean Moth continues to defy all attempts at eradication, to the despair of the suppliers and the horror of the consumer.

Bananas provided their quota of interesting adventives including the beautiful green so-called Banana Roach, related to the Cockroach, as wel as the regular Banana Spiders, whilst the occurrence of the huge Bird-eating Spider can be relied on to impress the most blasé official!"

Mortuary:

The mortuary forms part of the premises at School Hill used as a Disinfection and Disinfestation Depot. An attendant is employed on combined mortuary duties and disinfestation.

Thirty seven bodies were received at the mortuary during the year. Post mortem examinations were carried out on twenty nine, all of them being coroner's cases. Refrigeration facilities are provided for the storage of the bodies.

Municipal Medical Baths:

The medical baths are situated in an annexe to the School Hill Depot. The cleansing of verminous persons is carried out by a part-time female worker and the foreman of the Depot.

A summary of the cases dealt with is given below:—

	School children		Children under five		Adults	
	Males	Females	Males	Females	Males	Females
Head infestations	24	118	-	4	5	9
Scabies	4	15	-	2	2	3
Body Lice	-	-	-	-	10	3
TOTALS ..	28	133	-	6	17	15

REPORT OF THE BOROUGH ANALYST

The work carried out in the Borough Laboratories for the Health Committee, the Waterworks Committee, and other Departments of the Corporation has been of a similar nature during recent years.

For the Health Committee, the duties consist mainly of the chemical analyses of samples submitted under the Food and Drugs Act; the bacteriological examination of milks, ice-cream, swimming-bath waters etc; the investigation of atmospheric pollution; and miscellaneous examinations, including the investigation of complaints by the general public relating to foods.

The chemical analyses and bacteriological examinations of samples of drinking water representing the whole of the domestic supply to the town and district are also carried out in these laboratories on behalf of the Waterworks Committee. For this service the Waterworks Committee contributes a proportion of the running costs of the laboratory.

There was a reduction in the total number of samples examined during 1961, compared with recent years; this was largely due to a smaller number of samples being examined in connection with the investigation of atmospheric pollution. These investigations, however, have been continued on the same lines as in previous years, including the determination of the amounts of certain polycyclic hydrocarbons in the atmosphere of the town.

During the year under review, there have been several new Regulations and Reports issued which may, in the future, have some bearing on the work in the laboratory.

The Skimmed Milk with Non-Milk Fat Regulations, 1960, came into operation on the 19th September, 1961, to control the labelling and advertising of certain specified foods, which consist of skimmed milk (including condensed and dried skimmed milks) containing fat other than milk fat. All the ingredients of these products must have some nutritional value, and the products are required to be labelled that they are not to be used for babies: the labels, however, may be modified in specified cases.

The Labelling of Food (Amendment) Regulations, 1961, came into operation on the 20th March, 1961, permitting amendments to the labelling of intoxicating liquor, and after 20th March, 1962, exempting certain wines from the requirement to be labelled with the fruit basis and alcohol content.

The Lead in Food Regulations, 1961, do not become operative until 16th April, 1962. The amount of lead which may be present in food (including drink), will then be restricted. Varied limits are applied to certain specified foods, and other foods are subject to a general limit of 2 parts per million of lead. Two years after the operative date there will be a reduction in the limits applied to the specified foods.

The Rag Flock and Other Filling Materials Regulations, 1961, supersede previous Regulations. They specify standards of cleanliness for various types of filling material, and came into operation on August 1st, 1961.

Draft proposals have been issued—for comment only—on suggested new Regulations for Bread and Flour: Soft Drinks: and Preservatives in Food. It may be expected, therefore, that regulations relating to these subjects will be forthcoming in the near future.

In this, my last Annual Report before retirement, I would like to express, to the Chairman and Members of the Health Committee, my appreciation for their encouragement and interest in the work carried out in the laboratories. During a period extending over many years I have been helped considerably by the willing co-operation of other officers of the Corporation. My thanks are also extended to the members of my staff for their efficiency and loyalty at all times.

The samples examined during the year are classified as follows:

FOR THE HEALTH COMMITTEE:	
Food and Drugs	1,116
Designated Milks	247
Ice-Creams etc. (bacteriological examination)	56
Waters from domestic premises	132
Swimming Bath waters	138
Fertilisers and Feeding Stuffs	24
Atmospheric Pollution:	
Deposit Gauges	51
Smoke and Sulphur Dioxide concentrations	3,126
Polycyclic Hydrocarbons	65
Miscellaneous examinations	95
FOR THE WATERWORKS COMMITTEE	847
FOR OTHER DEPARTMENTS, AUTHORITIES ETC.	77
TOTAL:	5,974

The following table shows the total number of samples, and the number of food and drug samples, examined during the past 12 years.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	**1961**
Total No. of all samples	2,577	3,831	4,010	4,444	4,334	4,256	4,348	4,977	6,774	6,883	6,340	**5,974**
No. of Food and Drug samples	835	1,071	1,078	1,145	1,120	1,183	1,233	1,206	1,230	1,154	1,113	**1,116**

Food and Drug Samples:

The number of foods and drugs submitted by the Sampling Officer during the year was 1,116 which is equivalent to a sampling rate of 7 per 1,000 of population. There was a reduction in the number of milks submitted compared with previous years, and a corresponding increase in the number of other foods and drugs.

55 samples were reported as adulterated or otherwise unsatisfactory—the proportion of unsatisfactory samples (4.9 per cent), being higher than in the previous year (4 per cent).

Certain types of foods, mainly cereals, dried fruits and nuts, have been examined specifically for the presence of mites, insect fragments, rodent excreta etc. From a total of 177 foods examined 13 foods were heavily infested with mites or other insects, rendering them, in my opinion, unfit for human consumption: and 8 other foods were contaminated to a much lesser extent.

Details of the samples submitted under the Food and Drugs Act, and of the unsatisfactory samples are given in tables 18 and 19.

Milk Samples

511 samples of milk were analysed during 1961, and of these 18 samples were classified as adulterated, the proportion of adulterated samples (3.5 per cent), was lower than the corresponding figure for 1960 (4.1 per cent).

12 samples were deficient in fat i.e. containing less than the minimum legal standard of 3.0 per cent, and 1 sample of Channel Island Milk was deficient in fat, containing less than the standard of 4.0 per cent.

5 samples contained extraneous water, having freezing point depressions less than 0.530°C., and solids-not-fat below 8.5 per cent. 21 samples had solids-not-fat below 8.5 per cent but the freezing point depressions exceeded 0.530°C. and consequently proved the absence of extraneous water.

The following table shows the average composition of all the milks examined, with the exception of Appeal-to-Cow samples and Channel Island Milks, during each Quarter, and the yearly average composition.

	No. of Samples	Fat %	Solids-not-fat %	Water %
1st Quarter, 1961	116	3.59	8.71	87.70
2nd " "	118	3.57	8.81	87.62
3rd "	124	3.72	8.86	87.42
4th " "	140	3.71	8.80	87.49
For the year 1961	498	3.65	8.80	87.55
(For the year 1960)	(676	3.62	8.80	87.58)

Designated Milks:

In addition to chemical analysis, designated milks are subjected to tests which are specified in the Milk (Special Designation) Regulations, 1960. Although the prescribed tests have been modified by these Regulations, the purpose of each test remains the same.

The Methylene Blue Test is a measure of the keeping quality of the milk; the Phosphatase test is a check on the efficiency of the Pasteurisation process; and the Turbidity test is also designed as a check on the heat treatment for Sterilised Milk.

One sample of Pasteurised Milk and two samples of Tuberculin Tested (Raw) Milk failed in the Methylene Blue test.

In addition, one sample of Pasteurised Milk and one sample of Tuberculin Tested (Channel Island) Milk were found to be deficient in fat.

Examination of Designated Milks

Designation	No. Examined	Satis-factory	Failed Meth. Blue Test	Failed Phos. Test	Failed Turbidity Test	Test Void
Pasteurised	105	103	1	0	–	0
T.T. Pasteurised	32	32	0	0	–	0
Sterilised..	86	86	–	–	0	–
T.T. (Raw)	19	17	2	0	–	0
T.T. Raw (Channel Isle)	5	4	0	0	–	0
TOTALS ..	247	242	3	0	0	0

The above samples included 71 samples of Pasteurised Milk taken from the supplies to local schools.

Ice Cream Samples:

Samples of ice cream, taken with special precautions, are subjected to a Methylene Blue test in order to assess their relative hygienic qualities. Under the conditions of the test, samples which decolourise the Methylene Blue solution in 4½ hours or more are classified as Grade1 ; those which decolourise the solution in 2½ to 4 hours as Grade 2; in ½ to 2 hours as Grade 3; and those decolourising the solution instantly (0 hours) as Grade 4.

Samples in Grades 3 or 4 are classified as of an unsatisfactory standard.

The samples are also examined for organisms of intestinal origin whose presence would also be regarded as evidence of undesirable contamination.

Methylene Blue Test for Ice Creams

	Bolton Manufacturers		Other Manufacturers	
	Wrapped Ice Cream	Loose Ice Cream	Wrapped Ice Cream	Loose Ice Cream
No. of samples of Grade 1 standard ..	–	13	4	3
,, ,, ,, Grade 2 ,, ..	–	6	3	–
,, ,, ,, Grade 3 ,, ..	–	9	–	–
,, ,, ,, Grade 4 ,, ..	1	13	–	1
TOTALS ..	1	41	7	4

In one sample the Methylene Blue test was rendered void by the colour of the sample.

Two samples of Flavours used in ice cream were examined for coliform organisms with negative results.

From the above table it will be seen that 23 samples of loose ice cream and 1 sample only of wrapped ice cream failed to comply with the Methylene Blue test. 7 of these samples and 6 samples which satisfied the Methylene Blue test were also classified as unsatisfactory in containing organisms of intestinal origin.

Samples of cream and the fillings of "cream" cakes have been examined bacteriologically and in six of the cake fillings organisms of intestinal origin were present.

Domestic Water Supplies:

Samples of the drinking water from domestic premises in various parts of the town and district have been examined at regular intervals throughout the year. These samples are in addition to those taken at the filter stations for the Waterworks Department, and all the samples examined were of a satisfactory standard of purity.

Swimming Bath Waters:

At each of the public swimming baths the water in the plunges is subjected to continuous filtration and to chlorination.

Samples of the water in the plunges have been examined at frequent intervals in order to detect evidence of any undesirable contamination of the water, and to supplement the spot tests carried out by the Manager of each bath.

The water in all the baths is consistently of the same high standard of purity as the drinking water supply.

Fertilisers and Feeding Stuffs:

12 Fertilisers and 12 Feeding Stuffs have been analysed.

The following Fertilisers showed analyses which did not agree with the particulars on the Statutory Statements:

Guanogen:	Contained an excess of insoluble phosphate (not to the prejudice of the purchaser).
Super Fertiliser, Spring and Summer Dressing:	Deficient in soluble phosphate and contained an excess of insoluble phosphate.
Playing-fields Fertiliser, Spring and Summer Dressing:	Deficient in soluble phosphate and contained an excess of insoluble phosphate.
Ground North African Phosphate:	The analysis agreed with the Statutory Statement, but the amount passing through the prescribed sieve was not stated.

National Growmore Fertiliser: The amount of insoluble phosphate was not stated.

The remainder of the samples agreed substantially with the analysis on the Statutory Statements, having regard to the prescribed limits of variation.

Atmospheric Pollution:

The investigation into the extent of atmospheric pollution has been on similar lines during recent years. During the past year, however, the number of deposit gauges has been reduced to three, and from the end of December this method of recording the pollution has been discontinued.

The Department of Scientific and Industrial Research (who collate the results obtained throughout the country), has been reviewing the various methods for measuring the extent of atmospheric pollution. As a result of this review, more emphasis is being placed on the daily recording of the amounts of smoke and sulphur dioxide obtained by the volumetric method. The concentrations of smoke and sulphur dioxide are now expressed as micrograms per cubic metre: in effect this gives figures for smoke concentrations which are 10 times greater than the previous figures, and those for sulphur dioxide are 28.6 times greater.

Instruments for this method are installed at nine selected sites in the form of a grid across the town. The deposits from five of these sites are also examined each month, by a rather complex method, for the concentration of certain polycyclic hydrocarbons (3:4 Benzpyrene; 1:12 Benzperylene; and Pyrene).

The results obtained during the year are recorded on the appended tables.

From these tables it may be seen that there has been a reduction in smoke concentrations at all the sites. The daily average for the whole year of all the sites was 243 micrograms per cubic metre compared with over 280 micrograms for the previous three years. The highest results have again been recorded at Astley Street and the lowest results at Lostock.

The reduction in sulphur dioxide concentrations recorded last year has been maintained duringthe year under review: the daily average of all sites was 218 micrograms per cubi c metre compared with 221 micrograms for 1960, and 288 microgams for 1959.

The results obtained for polycyclic hydrocarbons are of the same order as those recorded during 1960 when averaged over the year as a whole. In all cases, as may be expected, the highest results are obtained in the winter months and the lowest in the summer months.

Miscellaneous Examinations:

For the Health Department:

There has been an increase in the number of examinations carried out in order to investigate complaints by the general public, and submitted by the Public Health Inspectors.

The majority of the complaints relate to foreign bodies or other extraneous matter in food, and they include:

Drinking chocolate containing the larva of a cacao moth; brown loaf containing dust but no rodent excreta; jam containing a beetle; meat and potato pie containing sand and dust but no rodent excreta; walnuts containing larder beetles and rodent excreta (the vendor was fined £10 + £5 5s. costs); milk containing sand and straw; potted meat containing bovine hairs; canned rice pudding containing rodent excreta; packet of sausages containing bovine hairs; fruit drink containing bristles from a brush; ground oats containing spider beetles; sausages containing particles of glass; rum butter containing portion of a wasp; meat and potato pie containing a house fly; canned stew containing a spider and animal hairs; white bread containing brown flour; packet of dates infested with mites; minced meats contaminated with dust and organisms.

Other examinations carried out where complaints were not justified included cabbages, sausages, pickles, dried milks, sauce, corn flakes, shredded wheat, portion of parkin.

The following samples were also included among the miscellaneous examinations:— waters from farms and other private supplies; grits and deposits; insects from a bakery; sour milk; ashed paper for identity; samples of mortar for composition; creams for bacteriological examination; rose hip syrups for comparison of quality; prawns for bacteriological examination.

For the Education Department and Bolton School:	29	Swimming bath waters
For the Borough Architect:	1	Water (farm supply)
For Atherton U.D.C.:	33	Atmospheric pollution samples
	3	Waters
For Horwich U.D.C.:	3	Waters
For the Hospital Research Unit:	1	Water
For Private sources:	5	Waters
	2	Samples of tablets

Sampling for the Waterworks Committee:

The chemical analyses, bacteriological examinations and other miscellaneous examinations for the Waterworks Committee are carried out in these laboratories.

Each week, samples of the raw and treated waters from each of the filter stations are examined by bacteriological methods, and for plumbo-solvency, pH value, colour, residual chlorine etc. At quarterly intervals samples from the same sources are subjected to full chemical analysis.

Typical results on the filtered water from the three main filter stations are given in the following table.

		Sweetloves Rapid Gravity Filters	Ferns Park Pressure Filters	Springs Pressure Filters
CHEMICAL	p.p.			
Total Solids	million	76	81	74
Free Ammonia	do.	0.02	0.00	0.00
Albuminoid Ammonia	do.	0.06	0.05	0.05
Nitrate Nitrogen	do.	0.20	0.28	0.18
Nitrite Nitrogen	do.	nil	nil	nil
Chlorine present as Chloride	do.	12	12	12
Oxygen absorbed in 4 hours	do.	0.65	0.50	0.60
Poisonous Metals (Lead etc.)	do.	none	none	none
Suspended Matter	do.	none	none	none
Odour		none	none	none
Total Hardness	do.	35	50	35
Hazen Number		<5	<5	<5
Plumbo-solvency (24 hours)	do.	1.0	0.4	0.4
pH value		7.9	7.3	7.5
Iron (as Fe)	do.	0.02	0.02	0.04
Aluminium (as Al)	do.	0.20	0.10	0.25
Manganese (as Mn)	do.	0.25	0.15	0.20
Free residual chlorine	do.	0.04	0.03	0.00
Total residual chlorine	do.	0.20	0.12	0.04
BACTERIOLOGICAL				
No. of colonies growing on Agar at 37°C per ml.		0	0	0
No. of coliform organisms per 100 mls.		0	0	0
Type of B. Coli		–	–	–
Clostridium Welchii in 50 mls.		negative	negative	negative

Complaints: **TABLE 1**

The following complaints were received and investigated.

Housing defects	616
Choked and defective drains	259
Accumulations of offensive matter	88
Relative to unsound food	182
Verminous premises:—	
(*a*) Bed bugs	2
(*b*) Rat and mouse infestations	326
(*c*) Cockroaches and other insect pests	20
Keeping of animals and poultry	14
Smoke	33
Noise	15
Miscellaneous	438
TOTAL COMPLAINTS	1,993

Standing Commitments: **TABLE 2**

Premises Subject to Routine Inspection

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Common lodging houses	2
Houses-let-in-lodgings	237
Movable dwellings	38
Bakehouses	246
Basement bakehouses	4
Fish friers	153
Registered premises, Sec. 16 Food and Drugs Act, 1955	508
Industrial canteens	122
Other catering establishments	166
Miscellaneous food preparing premises	77
Ice cream premises—manufacture	5
„ „ „ —sale only	412
Meat shops	215
Slaughterhouses	4
Dairies	10
Milk distributors	560
Food shops	1,618
Licensed premises (On-)	311
„ „ (Off-)	115
Food stalls	121
Vehicles—Meat	15
„ —Milk	123
Factories (Mechanical)	847
„ (Non-mechanical)	124
Workplaces	224
Shops	1,178
Outworkers' premises	119
Factory chimneys	209
Hairdressers' premises	246
Places of entertainment	74
Clubs	65
Offensive trades	5
Registered premises, Rag Flock and Other Filling Materials Regulations, 1951 and 1954	19
Pet shops (Pet Animals Act, 1951)	11

TABLE 3

Detection of Sanitary Defects:

Summary of Visits and Inspections

Nature of Visit	No. of Visits
Dwelling-houses for housing defects under Public Health Act:—	
After complaint	2,015
Subsequent visits	4,388
Dwelling-houses under Housing Acts:—	
Detailed inspections	864
Re-inspections, re-visits	2,456
Certificates of Disrepair	43
Infected dwelling-houses:—	
After notified infectious disease (other than tuberculosis)	415
Contacts	167
Schools and church halls	45
Swimming baths	1
Water sampling:—	
Swimming baths	1
Dwelling-houses	50
Business premises	585
Cinemas, dance halls, billiards halls	32
Offensive trade premises	13
Stables, piggeries, keeping of animals	122
Houses-let-in-lodgings	241
Factories Acts, 1937 and 1948:—	
Factories with mechanical power	573
Factories without mechanical power	134
Outworkers' premises	22
Common lodging houses	6
Underground rooms	8
Hairdressing premises	204
Tents, vans, sheds	67
Smoke abatement:—	
Boiler house surveys	25
re Prior Approval applications	14
re Smokeless Zones and Smoke Control Areas	6,971
Smoke observations	305
Smoke investigations	93
Re-visits	1,064
Combustion readings	–
Deposit gauge visits	85
Volumetric stations	2,054
Noise abatement	228
Fairgrounds	3
Drainage:—	
Conversion from waste water to water carriage system	476
Miscellaneous tests and inspections	485

Nature of Visit	No. of Visits
Public sewers	36
Watercourses and ditches	28
Land and tips	99
Septic tanks and cesspools	26
Sanitary conveniences—including public houses	126
Miscellaneous visits	4,535
Visits not inspections	858
Verminous premises:—	
Rats and mice:—After complaint or from survey	871
Subsequent and survey visits	11,681
Bug infestations:—No. of premises visited	92
No. of premises where definite infestation existed	92
Cockroaches	494
Other vermin	18
Inspections for supervision of food:—	
Unfit foodstuffs other than meat	650
Slaughterhouses and cold stores	2,276
Butchers' shops (Public Health (Meat) Regulations, 1924-1952 and Food Hygiene (General) Regulations, 1960)	214
Food Hygiene (General) Regulations, 1960:—	
Bakehouses	323
Fish shops, grocers and greengrocers	2,057
Factory canteens	87
Restaurant kitchens, fish friers, etc.	395
Hotel and beerhouse bars and cellars:—	
Day inspections	481
Night inspections	27
Food and Drugs Act, 1955—Section 16:—	
Ice cream premises (Heat Treatment Regs. 1947-1952)	55
Sausage manufacturers	45
Preserved meat preparation premises	47
Preserved fish preparation premises	—
Milk and Dairies Regulations, 1949: Food and Drugs Act, 1955—Section 91:—	
Milk sampling for bacteriological examination	179
Contraventions of Milk and Dairies Regulations	8
Dairies	77
Shops Act, 1950—Section 38	416
National Assistance Act, 1948—Section 47	—
Diseases of Animals Acts and Orders	74

TABLE 4

Notices Served:

Action to secure abatement of nuisances and to enforce the appropriate statutory enactments was taken as follows:—

Nature of Notice	Public Health Act 1936	Food Hygiene (General) Regulations 1960	Factories Acts 1937 and 1948	Byelaws: Hairdressers and Miscellaneous Premises
No. of informal notices served	571	276	115	39
No. of informal notices complied with without recourse to statutory action	249	207	38	25
No. of statutory notices served	390	–	–	–
No. of premises concerned..	251	–	–	–
No. of statutory notices complied with..	328	–	–	–
No. of premises concerned..	235	–	–	–
No. of cautionary letters sent by Town Clerk	98	–	–	–

Outstanding notices from previous year are included.

TABLE 5

Housing Defects and Legal Proceedings:

A summary of general housing defects or disrepair of property where it was necessary to take legal proceedings, and the results of such proceedings, is given below:—

Case No.	Statute	Details of Contravention	Result
1	Public Health Act, 1936 – Sections 39 and 95.	Failure to comply with Nuisance Order, and continued failure to comply with a notice requiring drainage repairs.	Fines totalling £4/11/d. imposed.
2	Public Health Act, 1936 – Section 39.	Failure to comply with statutory notice in respect of defective eavesgutter and rainwater pipe.	Fines totalling £4 imposed.
3	Public Health Act, 1936 – Section 93.	Failure to comply with abatement notice in respect of defective roof and chimney stacks.	Nuisance Order made against owner, and costs of 9/6d. awarded.
4	Public Health Act, 1936 – Section 93.	Failure to comply with abatement notice in respect of defective window.	Nuisance Order made against owner; costs of 9/6d., and 16/-d. witness's expenses awarded
5	Public Health Act, 1936 – Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made and costs awarded to the Corporation.
6	Public Health Act, 1936 – Sections 39, 45 and 93.	Failure to comply with abatement and statutory notices in respect of defective plasterwork, rainwater pipes, eavesgutters and sanitary accommodation.	Nuisance Order made against owner; fines and costs totalling £4/9/6d. imposed.

7	Public Health Act, 1936 – Section 39.	Continued failure to comply with a notice requiring drainage repairs.	Fine of £3 imposed.
8	Public Health Act, 1936 – Section 93.	Failure to comply with abatement notice in respect of defective window, door and plasterwork.	Nuisance Order made against owner.

In addition, twenty five summonses were issued but withdrawn due to the works having been completed before the dates of the hearings.

TABLE 6

Sanitary Improvements Effected:

Action was taken under either the Public Health Act or the Housing Acts.

Nature of Improvement	No. of Improvements
Floors repaired	71
Internal walls repaired	407
Ceilings repaired	180
Doors and windows repaired	364
Stairs repaired	13
Roofs repaired	160
Chimneys and flues repaired	116
Eavesgutters repaired	161
Rainwater pipes repaired	71
Soil and waste pipes repaired	69
External walls repaired	102
Yards, paths, etc., repaired	16
Sanitary conveniences repaired	168
"Tippler" closet conversions	19
Refuse accommodation	63
Drains repaired	269
Fire-ranges repaired	28
Sinks, water supplies, wash boilers, etc., repaired	30
Lighting, ventilation and decoration	–
Miscellaneous	143

TABLE 7

Atmospheric Polution — Deposit Gauges

Monthly deposits in Tons per Square Mile

1961	Hulton Hospital		Police Sports Ground		Astley Bridge Cemetery	
	Insol.	Total	Insol.	Total	Insol.	Total
January	7·47	17·81	10·55	27·24	7·15	18·28
February ..	7·54	17·68	9·16	23·17	7·25	18·61
March	6·34	10·74	6·41	13·98	4·17	8·94
April	8·41	15·52	9·09	18·28	13·51	36·93
May	4·40	8·90	23·56	29·44	5·53	18·38
June	6·57	11·57	10·42	15·66	4·07	13·61
July	6·20	15·81	5·81	17·66	2·95	15·04
August	5·50	14·87	9·96	26·69	11·46	21·30
September ..	6·17	13·84	8·23	15·66	9·57	22·42
October	8·94	18·68	2·56	13·84	7·12	16·00
November ..	5·40	12·54	12·68	23·50	5·23	13·11
December ..	5·50	17·01	9·76	22·80	5·14	16·00
Monthly Average ..	6·54	14·58	9·85	20·66	6·96	18·22
Monthly average Rainfall (inches)		4·07		3·82		4·44

TABLE 8

Atmospheric Pollution — Deposit Gauges

Site	Average total monthly deposit (tons per square mile)										
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	**1961**
Hulton Hospital	21·3	19·1	18·8	18·1	15·8	17·1	15·0	14·2	15·3	16·9	**14·6**
Police Sports Ground	29·3	30·0	27·4	33·4	26·4	23·0	17·8	18·1	17·1	18·5	**20·7**
Astley Bridge Cemetery	23·8	20·8	21·9	25·4	14·8	16·6	18·3	16·6	15·5	19·8	**18·2**
Average of 3 sites	24·8	23·3	22·7	25·6	19·0	18·9	17·0	16·3	16·0	15·7	**17·8**

TABLE 9
Atmospheric Pollution
Smoke—Daily Averages
(micrograms. per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average of each site for 1961	1960	1959	1958
1 Boot Lane	370	240	200	190	107	56	34	50	106	185	266	434	**187**	225	218	214
2 Astley Street	610	470	390	350	263	148	118	135	240	356	421	626	**344**	466	498	462
3 Tonge Moor	420	340	320	230	144	112	96	77	171	255	306	378	**237**	270	273	290
4 Lostock Open Air School	290	180	140	130	83	55	44	52	108	166	256	389	**158**	167	174	185
5 Central Police Office	380	260	190	210	138	83	61	65	99	200	324	465	**206**	246	211	260
6 Withins Clinic ..	450	330	310	240	137	112	82	98	156	228	290	458	**241**	268	267	278
7 Lock Lane	490	300	210	220	122	72	53	72	158	244	319	554	**234**	258	258	243
8 Grecian Mill	570	390	410	310	198	127	113	135	185	343	416	681	**323**	357	366	353
9 Darcy Lever	450	330	320	240	147	110	93	107	165	242	347	496	**254**	272	270	314
Daily average (each month) of all sites, **1961** ..	**448**	**316**	**277**	**236**	**149**	**97**	**77**	**88**	**154**	**247**	**327**	**498**	**243**			
,, 1960 ..	450	400	270	250	180	80	110	150	210	320	390	560		281		
,, 1959 ..	640	420	320	230	170	110	90	90	230	300	420	370			282	
,, 1958 ..	460	310	310	250	210	200	140	180	200	250	510	430				289

TABLE 10

Atmospheric Pollution

Sulphur Dioxide—Daily Averages

(micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Daily average of each site for Dec.	**1961**	1960	1959	1958
1 Boot Lane	277	186	183	180	117	73	57	69	120	162	245	501	**181**	180	209	160
2 Astley Street	409	343	280	280	203	131	120	143	183	238	375	638	**279**	343	398	329
3 Tonge Moor	263	249	212	177	125	99	87	54	109	149	210	298	**169**	177	229	223
4 Lostock Open Air School	269	174	152	157	125	83	71	73	116	166	241	503	**177**	166	189	160
5 Central Police Office	392	312	283	286	206	134	107	132	147	235	373	736	**279**	263	552	443
6 Withins Clinic ..	272	212	203	177	148	119	93	111	141	193	258	526	**204**	186	212	203
7 Lock Lane	317	223	180	212	143	102	74	92	125	156	266	524	**201**	192	220	197
8 Grecian Mill	398	297	300	260	188	127	108	129	163	219	353	670	**268**	289	358	378
9 Darcy Lever	297	220	223	197	158	119	113	121	118	167	262	484	**207**	197	229	263
Daily average (each month) of all sites, **1961** ..	**322**	**246**	**224**	**214**	**157**	**110**	**92**	**103**	**136**	**187**	**287**	**542**	**218**			
,, 1960 ..	337	303	240	212	177	120	100	137	154	217	275	380		221		
,, 1959 ..	644	420	277	240	200	160	152	157	260	289	352	309			288	
,, 1958 ..	398	237	240	194	177	197	154	174	200	235	478	458				262

TABLE 11

Atmospheric Pollution

3 : 4 Benzpyrene—Monthly Averages

(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for **1961**	1960	1959	1958
2 Astley Street	11·7	7·5	7·2	2·0	1·0	0	0	0	0	1·1	2·4	13·8	**3·9**		7·5	10·7
4 Lostock Open Air School	4·2	1·7	1·6	1·5	0·6	0	0	0·5	0	1·0	2·1	9·2	**1·9**	1·8	1·7	3 0
5 Central Police Office	6·2	2·5	0	1·8	0·9	0	0	0	0	0	2·1	11·4	**2·1**	2·1	2·7	3·5
6 Withins Clinic ..	6·7	2·1	2·2	2·1	0·9	0·5	0	0	0·5	0	3·7	10·6	**2·4**	2·4	5·1	4·8
8 Grecian Mill	7·4	6·1	3·7	4·6	1·9	0·8	0	0	0	0	9·1	11·8	**3·8**	2·7	4·3	7·4
Monthly average of all (5) sites **1961** ..	**7·2**	**4·0**	**2·9**	**2·4**	**1·1**	**0·3**	**0**	**0·1**	**0·1**	**0·4**	**3·9**	**11·4**	**2·8**			
,, 1960 ..	2·6	3·7	1·8	2·1	1·0	0·1	0	0	0·2	2·3	6·8	10·5		2·6		
,, 1959 ..	15·3	13·5	4·2	1·5	0·8	1·0	0·9	0·6	1·7	3·1	4·7	4·1			4·3	
,, 1958 ..	14·8	9·1	10·6	5·4	3·2	3·0	1·8	2·1	1·6	2·6	8·8	8·0				5·9

TABLE 12

Atmospheric Pollution

1 : 12 Benzperylene—Monthly Averages

(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for **1961**	1960	1959	1958
2 Astley Street	16·9	12·7	9·6	8·1	5·9	1·9	2·2	1·4	3·2	11·8	9·8	22·8	**8·9**	11·4	14·4	13·7
4 Lostock Open Air School	3·8	2·6	3·5	1·8	0·8	0·8	0·6	0·2	2·0	2·1	7·2	5·5	**2·6**	2·7	3·7	3·7
5 Central Police Office	6·8	4·6	5·0	4·7	1·6	1·1	0·9	0·7	1·8	4·0	10·9	13·0	**4·6**	5·1	4·0	5·6
6 Withins Clinic ..	7·9	7·8	7·9	4·5	2·6	0·4	0·8	1·3	2·5	4·7	8·8	14·9	**5·3**	6·1	6·4	5·8
8 Grecian Mill	9·7	9·5	10·2	4·4	3·1	1·3	2·1	0·7	3·8	5·7	8·1	9·3	**5·7**	7·2	8·4	9·8
Monthly average of all (5) sites **1961** ..	**9·0**	**7·4**	**7·2**	**4·7**	**2·8**	**1·1**	**1·3**	**0·9**	**2·7**	**5·7**	**9·0**	**13·1**	**5·4**			
,, 1960 ..	7·9	12·3	5·5	7·1	3·6	1·3	2·1	1·5	5·8	8·5	8·5	13·6		6·5		
,, 1959 ..	24·7	12·9	6·3	6·7	3·0	0·8	1·2	1·3	4·5	6·6	11·5	9·6			7·4	
,, 1958 ..	10·0	6·3	5·8	4·6	3·0	2·5	2·0	2·8	3·5	8·6	22·9	20·3				7·7

TABLE 13

Atmospheric Pollution

Pyrene—Monthly Averages

(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for 1961	1960	1959	1958
2 Astley Street	9·3	2·4	3·8	0·4	0·7	0·1	0·3	0·15	0·07	1·0	3·0	11·2	**2·7**	2·7	7·5	5·9
4 Lostock Open Air School ..	4·6	2·0	1·5	0·1	0·3	0·1	0·1	0·1	0·2	0·4	1·6	3·6	**1·2**	1·3	1·1	1·3
5 Central Police Office	2·8	1·3	0·3	0·2	0·3	0·1	0·2	0	0·2	0·5	1·8	9·9	**1·5**	1·4	1·8	1·7
6 Withins Clinic ..	6·2	3·1	2·4	1·3	0·4	0·1	0·03	0·03	0·2	0·2	3·0	5·3	**1·8**	2·6	2·9	3·5
8 Grecian Mill	6·1	2·9	2·3	0·1	0·3	0·1	0·1	0	0·1	0·4	1·7	13·0	**2·3**	2·6	2·0	3·1
Monthly average of all (5) sites **1961** ..	**5·8**	**2·3**	**2·1**	**0·4**	**0·4**	**0·1**	**0·1**	**0·06**	**0·15**	**0·5**	**2·2**	**8·6**	**1.9**			
,, 1960 ..	2·9	4·7	1·4	1·2	0·6	0·3	0·2	0·1	1·0	1·6	4·1	6·9		1.2		
,, 1959 ..	14·6	5·5	3·8	1·8	0·6	0·3	0·2	0·3	0·7	1·6	2·9	4·2			3.1	
,, 1958 ..	10·7	3·7	3·4	2·2	0·5	0·3	0·3	0·3	0·4	1·5	6·3	7·0				3.1

TABLE 14

Atmospheric Pollution

3 : 4 Benzpyrene—Monthly Averages

(Concentration expressed as Parts per Million of the Smoke)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for 1961	1960	1959	1958
2 Astley Street	192	161	184	58	39	0	0	0	0	31	56	220	**78**	68	118	218
4 Lostock Open Air School	143	99	112	117	68	0	0	101	0	60	84	236	**85**	77	88	147
5 Central Police Office	160	98	0	86	65	0	0	0	0	0	64	245	**60**	65	105	125
6 Withins Clinic ..	149	66	69	91	66	45	0	0	31	0	127	232	**73**	62	143	160
8 Grecian Mill	131	154	91	148	93	67	0	0	0	0	218	174	**90**	53	95	187
Monthly average of all (5) sites **1961** ..	**155**	**116**	**91**	**100**	**66**	**22**	**0**	**20**	**6**	**18**	**110**	**221**	**77**			
„ 1960 ..	64	71	58	78	63	14	0	0	15	76	156	185		65		
„ 1959 ..	231	296	89	64	45	93	109	52	72	83	96	92			110	
„ 1958 ..	277	265	303	177	123	134	125	105	70	96	155	181				167

TABLE 15

Atmospheric Pollution

1 : 12 Benzperylene—Monthly Averages

(Concentration expressed as Parts per Million of the Smoke)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for **1961**	1960	1959	1958
2 Astley Street	279	272	248	230	224	130	186	105	132	332	233	363	**228**	232	244	261
4 Lostock Open Air School	129	147	248	146	97	140	134	42	188	126	280	141	**151**	151	157	156
5 Central Police Office	178	178	255	222	114	133	151	110	184	200	338	279	**195**	172	154	188
6 Withins Clinic ..	176	238	250	192	189	36	98	128	158	207	304	326	**192**	221	212	182
8 Grecian Mill	171	239	248	142	154	104	184	54	204	167	195	136	**166**	204	197	246
Monthly average of all (5) sites **1961** ..	**187**	**215**	**250**	**186**	**156**	**109**	**151**	**88**	**173**	**206**	**270**	**249**	**187**			
,, 1960 ..	157	275	182	226	162	135	164	116	247	257	204	226		196		
,, 1959 ..	351	280	179	227	168	71	89	136	164	194	240	217			193	
,, 1958 ..	185	190	165	165	110	109	110	143	175	286	405	435				207

TABLE 16

Atmospheric Pollution

Pyrene—Monthly Averages

(Concentration expressed as parts per Million of the Smoke)

Site	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for 1961	1960	1959	1958
2 Astley Street	154	51	98	11	26	7	24	11	3	27	71	179	**55**	48	99	103
4 Lostock Open Air School	155	112	108	8	31	18	31	20	22	22	62	92	**57**	64	63	58
5 Central Police Office	73	51	16	9	20	11	26	0	17	23	55	213	**43**	41	61	83
6 Withins Clinic ..	137	94	75	56	31	6	38	3	12	11	102	115	**57**	76	85	99
8 Grecian Mill	108	72	56	4	13	4	57	0	8	12	40	191	**47**	52	44	66
Monthly average of all (5) sites **1961** ..	**125**	**76**	**71**	**18**	**24**	**9**	**35**	**7**	**12**	**19**	**66**	**158**	**52**			
,, 1960 ..	54	115	44	49	35	33	21	5	48	52	98	120		56		
,, 1959 ..	186	114	104	67	47	25	20	40	31	47	56	106			70	
,, 1958 ..	205	180	113	79	25	15	18	18	22	53	109	143				82

TABLE 17

Atmospheric Pollution

Daily Averages of all sites for each month of 1961

——————— Smoke in micrograms per cubic metre of air.

– – – – – – – – – – – – Sulphur dioxide in micrograms per cubic metre of air.

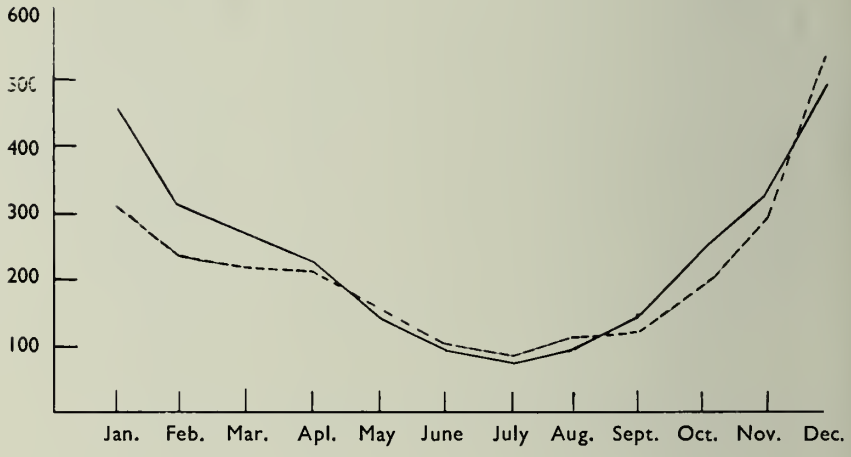


TABLE 18

Samples of Food and Drugs Examined

Article	Total	Genuine	Adulterated or otherwise unsatisfactory
Milk	511	493	18
Milk, Condensed & Evaporated	9	9	–
Almonds, Ground	5	5	–
Baking Powder	2	2	–
Beef Dripping	4	4	–
Beetroot	5	4	1
Blancmange Powder etc.	2	2	–
Butter	9	9	–
Buttered Scones etc.	6	5	1
Cake Decorations	11	11	–
Cereal (Welfare) Foods	3	3	–
Cereals	70	53	17
Cheese & Cheese Spread	14	14	–
Christmas Pudding	5	5	–
Coconut, Desiccated	4	4	–
Coffee, and Extracts	6	6	–
Coffee and Chicory Essence	3	3	–
Colouring Matters	8	8	–
Cream	3	3	–
Cream Cakes etc.	6	6	–
Creamed Rice/Sago Pudding	7	7	–
Curry Powder	3	3	–
Essences and Flavourings	5	5	–
Fish Products	8	6	2
Fruit & Vegetables (Canned etc.)	13	13	–
Fruit (Dried)	44	43	1
Fruit Juice and Drinks	6	6	–
Ice Cream	12	12	–
Ice Lollies	6	6	–
Jam	3	3	–
Jelly	15	13	2
Lard	5	5	–
Lemon Cheese	3	3	–
Margarine	4	4	–
Marzipan	3	2	1
Meat Products	12	10	2
Mincemeat	6	6	–
Mustard	3	3	–
Nuts	24	22	2
Nuts and Fruit	7	7	–
Oils, Cooking	6	6	–
Oranges	6	6	–
Peel, cut mixed	2	2	–
Pepper	2	2	–
Peppermint Waters	2	2	–
Potato, Dehydrated	2	2	–
Salad Cream etc.	2	2	–
Sausages	12	10	2
Seasoning and Stuffing etc.	8	8	–
Self Raising Flour	4	4	–
Soft Drinks	13	13	–
Soups	8	8	–
Spices	8	8	–
Spirits	21	20	1
Suet, Shredded	2	2	–
Sweets	10	10	–
Syrups (Fruit)	2	2	–
Tea	6	6	–

Table 18 — continued

Article	Total	Genuine	Adulterated or otherwise unsatisfactory
Tomato Sauce etc.	6	6	–
Vinegar	6	6	–
Miscellaneous Foods	16	14	2
A.P.C. Tablets	3	3	–
Aspirin Tablets	5	4	1
Boric Acid Powder	4	4	–
Boric Ointment	5	5	–
Calc. Lactate etc. Tablets	4	4	–
Cascara Sagrada Ext.	2	2	–
Castor Oil	4	4	–
Cream of Tartar	6	6	–
Ferrous Sulphate Tabs.	7	7	–
Friar's Balsam	2	2	–
Gee's Linctus and Pastilles	4	4	–
Hydrogen Peroxide	4	4	–
Indigestion Tablets	5	5	–
Insect Repellant Cream	3	3	–
Oil of Wintergreen	4	4	–
Olive Oil	4	4	–
Parrish's Chemical Food	4	3	1
Petroleum Jelly	3	3	–
Senna Pods	4	4	–
Sodium Bicarbonate	5	5	–
Solution & Tincture of Iodine	5	5	–
Miscellaneous Drugs	10	9	1
TOTALS:	1,116	1,061	55

TABLE 19
Unsatisfactory Samples of Food and Drugs

MILK:	18 samples were reported as adulterated. 12 samples contained less than the minimum limit of 3 per cent of fat, the deficiencies varied between 1·3 and 23 per cent. In a number of these cases, individual samples were below the limit, but the consignment as a whole exceeded 3 per cent. In other cases "Appeal to Cow" samples also proved to be low in fat content. 1 sample of Channel Island Milk was found to be 35 per cent deficient in fat—the legal limit being not less than 4 per cent. 4 samples (from one supplier) contained 1·0, 1·8, 2·0 and 4·7 per cent of added water respectively. 1 sample (sold as "Hot Milk") contained 13 per cent of added water.
BUTTERED SCONES:	The fat on the scones consisted entirely of margarine. The vendor was prosecuted and fined £5 + £3 3s. costs.
ACETIC ACID SOLUTION:	Contained 21 per cent of Acetic Acid, and did not comply with Section 7 (2) of the Labelling of Food Order, 1953.
SAUSAGES:	1 sample of Beef Sausages contained 43 per cent instead of not less than 50 per cent of total meat. 1 sample of Pork Sausages contained 56 per cent instead of not less than 60 per cent of total meat.
POTTED MEAT:	2 samples contained 55 per cent and 83 per cent of total meat respectively, whereas in my opinion Potted Meat should contain not less than 95 per cent of total meat.
DRESSED CRAB:	2 samples contained respectively 12 and 19·5 per cent of dry cereal, whereas in my opinion Dressed Crab should not contain more than 3 per cent of dry cereal.
MARZIPAN:	Contained not more than 10 per cent, instead of not less than 25 per cent of Ground Almonds.
TABLE JELLY:	2 samples failed to comply with the setting test, prescribed in the Food Standards (Table Jellies) Order, 1949.
PICKLED BEETROOT:	Contained colouring matter not included in the permitted colouring matters prescribed in The Colouring Matter in Food Regulations, 1957.
WHISKY:	Contained 1·3 per cent excess water.
CEREALS:	5 samples of Barley, 2 samples of Lentils and 1 sample each of Tapioca and Mixed Cereals were all heavily infested with mites, rendering them, in my opinion, unfit for human consumption. 3 samples of Rice, 2 samples of Dried Peas and 1 sample each of Butter Beans, Sago and Buckwheat were each lightly contaminated with mites.
RAISINS:	1 sample was heavily infested with mites, rendering it unfit for human consumption.
WALNUTS:	1 sample contained extraneous matter in the form of golden spider beetles and their larvae, and 1 sample contained mites and their eggs and insect webbing.
HERBAL TEA:	1 sample contained extraneous matter in the form of insects resembling book-lice.
ASPIRIN TABLETS:	The label did not specify the weight of the active ingredient in each tablet.
PARRISH'S CHEMICAL FOOD:	50 per cent deficient in iron content.
TARTARIC ACID:	Contained an excess of iron, due to the lid being rusty and contaminating the contents.

TABLE 20
Factories Act, 1937
Places of Employment
Defects Found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	22	19	–	1	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3) ..	–	–	–	1	–
Inadequate ventilation (S.4)	2	1	–	–	–
Ineffective drainage of floors (S.6)..	–	–	–	–	–
Sanitary Conveniences (S.7):—					
(*a*) Insufficient	4	2	–	–	–
(*b*) Unsuitable or defective.. ..	88	78	–	14	–
(*c*) Not separate for sexes	4	3	–	4	–
Other offences against the Act (not including offences relating to Outwork)	1	–	–	–	–
TOTALS	121	103	–	20	–

TABLE 21
Factories Act, 1937
Outwork (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of Outworkers in Aug. list required by Sect. 110 (1) (*c*)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing (Making etc.) apparel ..	12	–	–	–	–	–
Furniture and Upholstery ..	17	–	–	–	–	–
Brush making ..	–	–	–	–	–	–
Stuffed Toys ..	–	–	–	–	–	–
Making paper fancy goods ..	90	–	–	–	–	–
TOTALS ..	119	–	–	–	–	–

TABLE 22

Factories Act, 1937
Places of Employment—Improvements Secured

Cleanliness improved	15
Temperature improved	–
Sanitary Accommodation:—	
Additional accommodation provided	12
Accommodation improved	78
Accommodation reconstructed	–
Ventilation improvements	4
Drainage improvements	1
Miscellaneous improvements	33

TABLE 23

Factories Act, 1937
Places of Employment
Inspection for Purposes of Provisions as to Health

Premises	Number on Register	Number of		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	124	179	31	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	847	478	84	-
(iii) Other premises in which Section 7 is enforced by the Local Authority * (excluding outworkers' premises)	36	9	–	–
TOTALS	1,007	666	115	–

*Electrical Stations, Institutions, Building Operations and Works of Engineering Construction.

TABLE 24

Disinfection

	Free of Charge	On Payment of Charge	Total
Premises visited for Disinfection	31	2	33
Beds	35	14	49
Rooms	20	14	34
Articles	129	89	218
Articles Destroyed	20	–	20

The 31 premises disinfected free of charge were for the following reasons:—

Tuberculosis... 9
Cancer 11
Verminous conditions 11

TABLE 25

Disinfestation

Infestation by	Number of Premises Disinfested				Total
	Domestic Premises	Business & Industrial	Hospitals	Schools	
Bed Bugs..	92	–	–	–	92
Cockroaches	365	98	14	17	494
Fleas	25	1	–	2	28
Golden Spider Beetles	5	–	–	1	6
Wasps	25	–	–	–	25
Wood Lice	3	–	–	–	3
Body Lice	6	–	–	–	6
Silver Fish	13	1	1	3	18
House Fly	11	9	–	2	22
General Disinfestation	29	–	–	–	29
Others	9	9	–	–	18

TABLE 26

Destruction of Rats and Mice
Prevention of Damage by Pests Act, 1949

	Type of Property				
	Local Authority	Dwelling Houses	Agri-cultural	All other (including Business and Industrial)	Total
I. Total number of properties in Local Authority's district	129	57,221	102	7,072	64,524
II. Number of properties inspected by the Local Authority as a result of (*a*) notification or (*b*) otherwise	(*a*) 49	562	4	256	871
	(*b*) 356	290	250	10,785	11,681
III. Number of properties (under II) found to be infested with rats	Major –	1	1	4	6
	Minor 21	291	4	123	439
IV. Number of properties (under II) found to be seriously infested with mice	59	328	2	209	598
V. Number of infested properties (under III and IV) treated by Local Authority	80	620	7	336	1,043
VI. Number of notices served under Section 4:— (1) Treatment	Nil				
(2) Structural Works (i.e. proofing)	Enforced under Public Health Act, 1936				
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	Nil				
VIII. Legal Proceedings	Nil				
IX. Systematic control of blocks of buildings	46				

PART V

ADDITIONAL INFORMATION

Medical Examination of Corporation Employees

National Assistance Act, 1948—Section 47
Persons in need of Care and Attention

The Incidence of Blindness, Epilepsy and Cerebral Palsy

Work done on behalf of the Children's Committee

Co-ordinating Committee
Problem Families

Nursing Homes

Cremation

Rehousing on General Medical Grounds

Baths and Wash-houses

Meteorological Summary

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

During the year 1,695 examinations were carried out involving 1,675 persons. A summary of these is shown in the following table:—

Examination for—	No. of persons examined		No. of persons found unfit	
	Males	Females	Males	Females
Entry into Superannuation Scheme	520	205	6	–
Entry into Sickness Payment Scheme	183	316	4	13
Other medicals, e.g., Fitness to resume employment	19	3	–	–
Retirement on medical grounds	12	2	–	–
Surrender of part pension	1	–	–	–
Fitness to be employed as a teacher	52	66	1	–
Fitness for admission to a Training College	34	63	–	–
Fitness to teach after leaving the Bolton Training College	158	30	–	–
Medical examinations carried out at the request of other Local Authorities	9	2	–	–
TOTALS	988	687	11	13

Of the above, there were nineteen incomplete examinations, i.e. where it was found that a decision had to be deferred and the persons concerned were requested to attend for a further medical examination. One person resigned before a further examination was carried out.

Two hundred and eighty-five persons were sent to mass radiography units and five to the Bolton Royal Infirmary for chest X-rays when a mass radiography unit was not available. All persons leaving the Bolton Training College were sent to the mass radiography unit, and this accounts for one hundred and eighty-eight referrals. Eighty-five persons were sent because their employment involved work with children—six in connection with admission to training colleges and the remainder at the request of the examining medical officer. X-rays were carried out at the request of the following authorities—Cornwall County Council, Pembrokeshire County Council, County Borough of Barrow-in-Furness, County Borough of Blackpool and the City of Birmingham.

Six persons were referred to consultants for a further opinion.

Two hundred and eighty actual and potential public service vehicle drivers were examined during the year.

Nine drivers attended for medical examination regarding fitness to resume driving after a period of sick leave. Three were found to be unfit, and two were fit for driving in limited circumstances.

The number of medical examinations carried out—1,695—was slightly less than in 1960 when the total number was 1,769.

An analysis of the conditions which caused persons examined for entry into the Superannuation and Sickness Payment Schemes to be found unfit is shown in the following table:—

	Superannuation Scheme		Sickness Payment Scheme	
	Males	Females	Males	Females
Cardiovascular disease (including hypertension)	4	–	2	6
Respiratory System	1	–	2	1
Hernia	–	–	–	1
Nervous System	–	–	–	1
Varicose Veins	–	–	–	3
Other	1	–	–	1
TOTALS	6	–	4	13

NATIONAL ASSISTANCE ACT, 1948—SECTION 47 PERSONS IN NEED OF CARE AND ATTENTION

Powers exist under Section 47 of the National Assistance Act, 1948 (as amended) for the compulsory removal of persons in need of care and attention to a hospital or to accommodation provided under Part III of the National Assistance Act. Such action is only taken as a last resort when a person is in an advanced state of neglect, or suffering from grave chronic disease and in great need of institutional care, but is unwilling to go voluntarily.

Fortunately, it was not necessary to use these powers during 1961, but, as in previous years, several cases came to the notice of the Health Department of elderly people living at home in unsatisfactory conditions and in poor health who would undoubtedly have been better cared for in hospital or in welfare accommodation, but were unwilling to leave their homes. Although these cases caused some anxiety to the officers concerned, the circumstances were never quite sufficient to justify proceedings under the National Assistance Act for compulsory removal.

THE INCIDENCE OF BLINDNESS, EPILEPSY AND CEREBRAL PALSY

Blindness:

The Register of Blind Persons contained the names of 199 men and 270 women at the end of the year.

Nineteen men and forty-seven women were registered as partially sighted.

The ophthalmic surgeons completed a total of fifty-one forms B.D.8 during the year.

The following tables show the age and sex distribution of the persons examined by the ophthalmic surgeons who completed the forms B.D.8.

Age at onset of Blindness

	Congenital	0-15	15-30	30-45	45-60	60-65	65-70	70-75	75-80	80-85	85-90	over 90	Unspecified	Total
Males ..	–	3	–	2	2	3	1	3	2	–	–	–	1	17
Females ..	–	–	1	2	6	4	6	7	2	1	1	–	4	34

Age in 1961

	0–15	15–30	30–45	45–60	60–65	65–70	70–75	75–80	80–85	85–90	Over 90	Total
Males	–	2	–	1	2	3	3	2	2	2	–	17
Females.. ..	–	–	–	2	2	4	8	5	9	3	1	34

Analysis of Form B.D.8 Recommendations

	Cause of Disability		
	Cataract	Glaucoma	Others
Number of cases registered during the year in respect of which there was recommended—			
No treatment	–	–	2
Treatment (medical, surgical or optical)..	6 surgical	–	2 medical
Hospital Supervision	19	6	16

The following conditions were present in the fifty-one cases examined:—

Conditions	Males' Eyes	Females' Eyes
Hypertensive Retinopathy	–	2
Myopic degeneration	–	2
Macular degeneration	1	8
Macular degeneration and Incipient Cataract	–	2
Cataract	14	23
Secondary Cataract	1	–
Incipient Cataract	2	3
Polar Cataract	–	1
Leucoma	1	1
Retinitis	–	10
Aphakia	–	1
Myopia	5	2
Albino	2	–
Glaucoma	7	4
Old Keratitis	–	2
Old Plastic Iritis	–	3
Lens Hazy; Early Macular degeneration	–	1
Corneal Scars	–	2
Absent	1	–
Disorganised	–	1
	34	68

Epilepsy:

The Chief Welfare Officer states that the Register of Handicapped Persons contained the names of seventeen men and nineteen women suffering from epilepsy. Of these, ten men and six women were in colonies for the epileptic, three men and six women were in hostels, and four men and seven women were in their own homes.

The Local Education Authority knew of 53 boys and 30 girls attending ordinary schools who were epileptic, and maintained one boy and four girls in special schools for epileptic pupils. In addition, eleven boys and three girls were attending other special schools. Two boys who were not at school received the services of home teachers.

Cerebral Palsy:

Only one person suffering from cerebral palsy was on the Register of Handicapped Persons maintained by the Chief Welfare Officer.

The Local Authority were aware of twenty-seven children with this handicap. Disposal of these children is as follows:

	Boys	Girls
Attending Birtenshaw Hall Special School	2	7
Awaiting admission to Birtenshaw Hall Special School	–	1
Awaiting admission to Special School for Partially Sighted Children	1	–
Attending Special School for Educationally Sub-normal children	1	1
Attending ordinary schools	4	4
Not at school —pre-school children	3	3
	11	16

Of the subnormal and severely subnormal persons known to the authority, 24 – 11 males and 13 females – were suffering from cerebral palsy in addition to the mental handicap.

Facilities available for Handicapped Persons:

The welfare of handicapped persons over school age is the responsibility of the Welfare Department, and from the age of two years up to school leaving age it is the responsibility of the Education Authority.

Handicraft facilities are provided by the Welfare Department at the Social Centre for Handicapped Persons situate in the Margaret Greg Workshop, Woodlands, Manchester Road, Bolton. Provision has been made in the Estimates for an extension to the Social Centre to enable the Workshop venture to be further extended. An average of 8 – 10 'workers' attend the Centre daily.

During the month of December, badges were issued to thirty-five severely disabled drivers for display in their vehicles. The object of this scheme is to ease the difficulties of severely handicapped drivers in finding suitable parking places. The badges are issued yearly on application to the Welfare Department, and are only issued to those who suffer from a permanent and substantial disability that causes severe difficulty in walking.

WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

The Health Department continued to be responsible for the routine medical supervision of children in the care of the Local Authority. The medical officer on duty examined children for admission, discharge, or boarding-out. In addition, all the children "in care" had routine medical examinations at the intervals laid down by the Boarding-out Regulations.

A medical officer attended the Elizabeth Ashmore Nursery each month to perform routine examinations, vaccinations against smallpox and poliomyelitis, and immunisations, and also visited the Family Homes—Braxmere and Crompton House—to examine the older children.

A special report to the Children's Committee was issued once a quarter by the Medical Officer of Health.

Medical Examinations:

No. of examinations on admission to Homes	130
No. of examinations on discharge from Homes	71
No. of examinations made for the purpose of boarding-out	17
No. of routine examinations: 0–1 year	75
1–5 years	103
over 5 years	191
TOTAL:	587

Nutritional Status:

The nutritional status of all children examined at routine medical examinations was satisfactory.

Classification of Defects needing Treatment found at Routine Medical Examinations:

No of defects of Teeth	6
„ „ „ „ Chest	5
„ „ „ „ Eyes	38
„ „ „ „ Abdomen	4
„ „ „ „ Nose and Throat	11
„ „ „ „ Nervous System	4
„ „ „ „ Ears	7
„ „ „ „ Skin	19
„ „ „ „ Genital System	1
„ „ Psychological defects	8
„ „ Orthopaedic defects	8
Incidence of Anaemia	5
„ „ Nocturnal Enuresis	12
TOTAL NO. OF DEFECTS ASCERTAINED:	128

Each defect noted above was either already being treated or treatment was arranged directly or by referral. Nine children were referred for a specialist opinion and three children were referred to general practitioners for treatment.

During the past year medical attention has been particularly focussed on lessening the incidence of nocturnal enuresis in the children who have this condition, and by making use of various treatments, reasonably satisfactory results have been obtained.

CO-ORDINATING COMMITTEE—PROBLEM FAMILIES

Quarterly meetings of this Committee have continued to be held under the chairmanship of the Medical Officer of Health. They are attended by senior officers of each of the departments of the Corporation concerned with the health and welfare of children in their own homes, by the Area Officers of the National Assistance Board, and by representatives of voluntary organisations in the town who are concerned with this problem. These quarterly meetings consider the co-ordination of the services and review the work of the monthly Case Conferences.

I am grateful to Mr. P. E. Varey, Children's Officer, for supplying the following information:

The Case Conferences are held under the chairmanship of the Children's Officer and are attended by officers of Corporation departments, statutory bodies and voluntary organisations most intimately connected with the neglect of children in the town. Wherever it is thought necessary, discussion takes place aimed at safe-guarding the interests of the children and individual members are asked to make their own contribution to the needs of the case.

During the year the Co-ordinating Committee considered a total of 61 families involving 215 children of which 26 families involving 86 children were newly reported cases.

Of these:—

7 families (30 children) were considered to have improved or their needs to have been met to such an extent as to justify their deletion from the register.

2 families (9 children) were deleted from the register, the children having been received into the care of the Local Authority and there being no apparent likelihood of rehabilitation.

5 families (14 children) were deleted from the register, the families having left the area.

47 families (162 children) remained on the list. Of these, it was felt that at least 11 of the families involving 41 children were considered to be showing encouraging progress. The remaining 36 families are regarded as being in need of continued supervision, their problems being of a chronic nature.

NURSING HOMES

There are two nursing homes in the town registered under Section 187 of the Public Health Act, 1936. One of these homes, with 27 beds, continued satisfactorily on the same basis as before. The accommodation in the other nursing home was increased from 24 beds to 33 beds by the addition of a newly-constructed extension which was brought into full use during the early part of the year.

CREMATION

The 'Overdale' Crematorium has now completed seven full years of operation. The details are as follows:—

Year	Number of Bolton Residents cremated	Cremations of persons from other areas	Total Cremations	Approx. percentage of deceased Bolton Residents who were cremated
1955	659	774	1,433	28%
1956	745	1,041	1,786	34%
1957	807	1,028	1,835	36%
1958	861	1,071	1,932	40%
1959	938	1,223	2,161	44%
1960	948	1,324	2,272	46%
1961	**1,074**	**1,501**	**2,575**	**47%**

REHOUSING ON GENERAL MEDICAL GROUNDS

As in recent past years the Housing Committee allocated 50 houses for persons, including those suffering from tuberculosis, to be rehoused on medical grounds.

The total number of applications received for rehousing was 325.

No. of recommendations	50
For medical reasons other than tuberculosis	42
Tuberculosis	8

The medical reasons for recommending rehousing were:—

Respiratory diseases	9
Osteo-arthritis and rheumatoid arthritis	9
Diseases of the heart and circulation	13
Nervous diseases	4
Other diseases	7
Tuberculosis	8
TOTAL:	50

Rehousing in ground floor accommodation was recommended in 34 cases.

Forty-nine persons already living in Corporation property were recommended for transfer to more suitable accommodation.

One applicant was referred to the Welfare Department for Part III accommodation.

In 17 cases the applicants were living in accommodation in slum clearance areas and will be rehoused in the ordinary way when the property is dealt with under slum clearance.

In 8 cases the houses were dealt with as individual unfit houses and the occupants rehoused; a closing order was made in respect of one house.

Action was taken in several cases through the Chief Public Health Inspector's department to effect repairs.

BATHS AND WASH-HOUSES

There was no change in the pattern of administration of the Baths Service The various establishments offered the following facilities:—

BATHS:

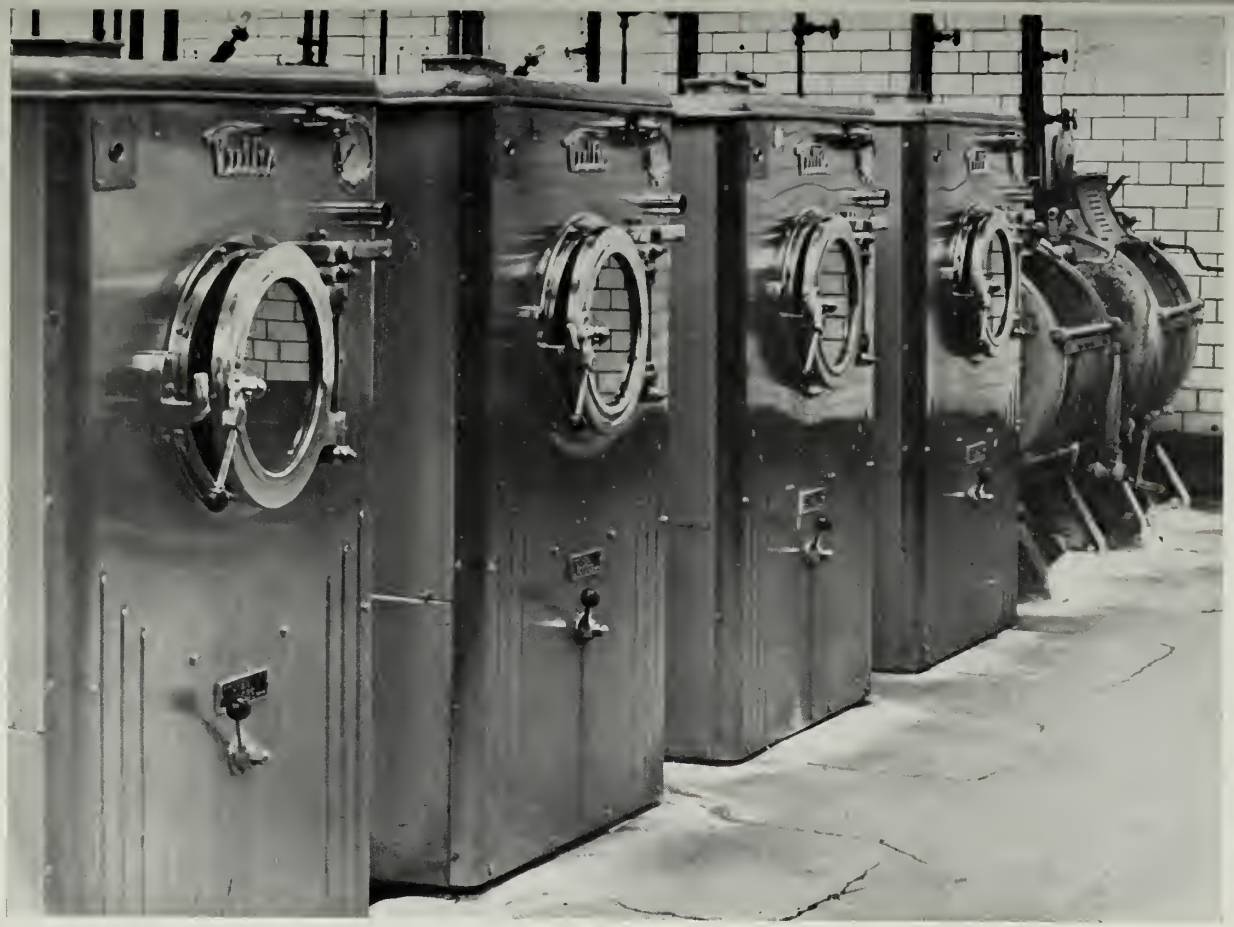
High Street	1 Plunge 9 Slipper Baths
Bridgeman Street	2 Plunges 25 Slipper Baths
Moss Street	2 Plunges 18 Slipper Baths
Hennon Street	23 Slipper Baths 1 Shower Bath
Rothwell Street	15 Slipper Baths
Great Moor Street ..	Turkish Baths

WASH-HOUSES:

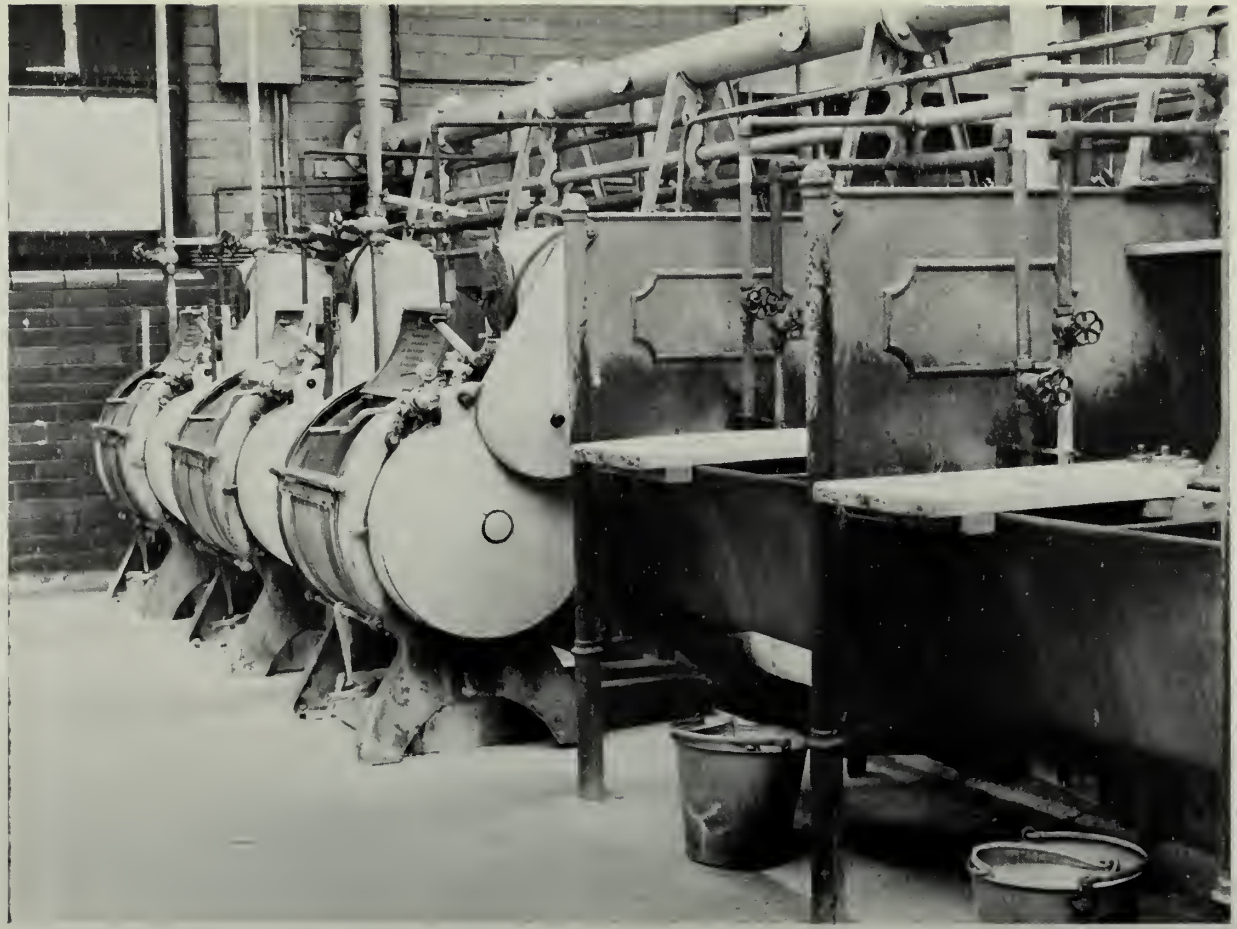
Moss Street	8 Electric Rotary Washing Machines 6 Hand washing Stalls 1 Coin-slot Ironing Machine
Rothwell Street	12 Electric Rotary Washing Machines 18 Hand-washing Stalls 1 Coin-slot Ironing Machine

The attendances at the various establishments during the last three years are compared below:—

	Swimming Plunges			Slipper Baths			Wash-houses		
	1959	1960	**1961**	1959	1960	**1961**	1959	1960	**1961**
High St. Baths	69,370	65,465	**51,137**	14,878	15,048	**14,334**			
Bridgeman St. Baths. ..	144,763	130,973	**139,479**	36,405	35,713	**39,327**			
Moss St. Baths and Wash-houses ..	119,489	107,118	**113,286**	36,308	35,607	**35,811**	22,351	21,272	**23,027**
Hennon St. Baths.. ..				19,538	20,359	**20,568**			
Rothwell St. Wash-houses				17,810	17,712	**16,951**	40,144	37,410	**37,280**
TOTALS ..	333,622	303,556	**303,902**	124,939	124,439	**126,991**	62,495	58,682	**60,307**



NEWLY INSTALLED END LOADING MACHINES
MOSS STREET WASH-HOUSE



OLD TYPE WASHING MACHINES AND HAND-STALLS
MOSS STREET WASH-HOUSE

Turkish Baths:

Year	Attendances
1956	6,991
1957	7,693
1958	7,711
1959	7,498
1960	8,494
1961	**11,205**

During the past five years improvements and modifications in the plunge and slipper baths have included the following:—

Bridgeman Street Baths:

New slipper baths have been installed, the small plunge surround has been retiled and set-in steps provided for the plunge, unit heaters have been installed, and improved pre-cleansing facilities and a clothes locker system have been provided. In 1962 the cabins in the large plunge will be replaced by terrazzo partitions.

High Street Baths:

The slipper baths have been modernised, new slipper baths have been installed, the floor re-asphalted, the partitions replaced with formica material, the ventilation system improved and an extractor fan installed.

In the plunge the metal plywood cubicles have been replaced with terrazzo partitions, the filteration plant has been completely overhauled, a hand pump has been replaced by an electric sump pump. the main filter pump renewed, and an old type steam donkey engine replaced by an electric motor for filter agitation. Pre-cleansing facilities have been improved. In 1962 extensive repairs to the plunge roof are being carried out.

Moss Street Baths:

Unit heaters have been installed in the plunge and slipper baths, the balcony has been asphalted and the front of the balcony panelled, children's cubicles have been erected. Extensive repairs to the roof have been carried out and the area outside the baths asphalted. In 1962 the pre-cleansing facilities will be extended.

There was a slight increase over the previous year in total attendances at the swimming baths. During the past ten years the 1961 attendances at Bridgeman Street Baths have been exceeded only once and the attendances at Moss Street Baths have been exceeded twice. The lower attendances at High Street Baths were due to the closing of the baths from the 9th February to the 7th May; attendances during this period average about 10,000.

The attendances of schoolchildren in organised parties for swimming instruction were :—

	Bolton Education Authority	Lancashire County Council
1959	50,213	3,294
1960	45,350	6,671
1961	**51,642**	**6,522**

Each year 150 passes which entitle the holders to a year's free swimming are awarded by the Health Committee to schoolchildren who pass the tests of the Bolton Scholarship Scheme for the Encouragement of Swimming. In addition, citizens of Bolton who pass the examination for the bronze medallion of the Royal Life Saving Society are also awarded passes which entitle the holders to a year's free swimming. To this latter group 162 passes were awarded, the same number as in 1960.

Sixteen swimming clubs took advantage of the facilities for swimming after public hours. In addition to the Bolton Swimming Club and the Bolton Bridgeman Swimming Club the baths were used by clubs from local industries, youth organisations and schools, a club which specialises in underwater swimming and one which gives swimming instruction to adults.

The general increase in the number of slipper bath users was mainly due to the patronage of students from Commonwealth countries who have taken advantage of the public baths facilities since coming to reside temporarily in Bolton. This was particularly noticeable at Bridgeman Street Baths, which are situated close to the Technical College, and where a record number of patrons used the slipper baths.

The growing popularity of the Turkish Baths exceeded all expectations. The record attendance was probably attracted by increased dressing accommodation, continuous service throughout the day, improvement in colour scheme decorations and efficient service.

Attendances at the wash-houses have tended to decline during recent years but an increase was recorded in 1961. The increase was probably due to the gradual but steady advance in the process of modernisation. At the Rothwell Street Wash-house four end-loading type washing machines and one hydro-extracter replaced worn-out old type equipment. At Moss Street three end-loading type washing machines replaced old equipment, two additional washing machines replaced four hand stalls, and an additional hydro-extractor was installed. This resulted in 2,225 more patrons using the washing machines than in the previous year.

It is the intention gradually to replace the older side-loading machines by modern machines of the end-loading type and at the same time to re-site the machines to make more efficient use of the available space. Present day patrons prefer washing machines and there has been a decrease, both locally and nationally, in the number of patrons using hand stalls. The steamy atmosphere of a public wash-house is mainly caused by the open hand stalls, and consideration should be given to the removal of hand stalls where possible and to replacing them with automatic washing machines of the launderette type for small washing loads.

The coin slot ironing machines at Moss Street and Rothwell Street were used 43,263 and 60,276 times respectively, a slight decrease on last year's figures.

The plunge water in all the public baths is supplied from the town's water mains. The holding capacity of all plunges totals 243,072 gallons, details as follows:—

	Large Plunge	Holding Capacity (Gallons)	Small Plunge	Holding Capacity (Gallons)
Bridgeman Street	75′ × 25′	46,875	46′ × 19′	22,444
High Street	75′ × 26′	61,936		
Moss Street	75′ × 30′	75,337	60′ × 21′	36,480

The treatment of the water in each establishment is by the process of continuous filtration with a four-hour turnover, combined with controlled chlorination, sulphate of alumina, and sodium carbonate. Daily tests of the water are made to ensure that the chlorine content of 0.5 to 1.0 parts per million and pH value of 7.0 to 7.5 is maintained.

Visits to all the baths at least once a month, at unspecified times, are made by the staff of the Borough Analyst's Department for the purpose of taking samples of the water for chemical and bacteriological analysis. The water in each of the plunges is examined for pH vaue, free and total residual chlorine content; also from a bacteriological aspect, the examination includes the number of organisms present in the water and tests for the presence and types of coliform organisms.

The results have shown that all the waters are consistently of the same high standard of purity as the town's water from which the baths are supplied.

METEOROLOGICAL SUMMARY, 1961

Compiled at Hall i'th'Wood Observatory by A. Hazelwood, Esq.

1961	Humidity %	Avge of Max. & Min. Temp. °F	Absolute Extremes of Temperature				Sunshine			Monthly Rainfall Inches	Wet Days	Fog Days	Wind		
			Highest °F	Date	Lowest °F	Date	Monthly Total Hours	Most in one day Hours	Date				Mthly Mileage	Highest Gust in one day m.p.h.	Date
January	89	37	53	29	22	15	34·8	4·4	4, 10	5·63	19	3	4980	52	31
February	91	43	57	19	30	3, 4	50·8	7·2	3	3·91	16	–	5027	56	6
March	90	46	67	16	29	3	116·0	8·4	15	1·94	15	–	5731	51	2
April	82	50	67	16	31	4	86·8	10·9	16	4·25	18	1	3884	39	25
May	81	51	72	13	32	27, 28	191·5	13·9	31	3·17	10	1	4373	47	7, 8
June	80	55	80	30	38	14	203·8	14·4	29	2·82	10	–	4889	40	18
July	85	56	73	1	43	14, 30	149·8	13·5	6	6·11	15	–	5399	52	3
August	85	58	83	29	43	3, 31	165·9	11·8	21	6·55	23	–	5694	48	8
September	85	58	82	2	37	25	130·3	9·0	18	4·18	19	–	3659	54	16
October	90	50	65	4, 6	34	30	105·8	8·1	13	6·61	26	2	6665	89	22
November	91	43	56	1	28	26, 28	57·1	6·9	3	3·16	13	6	4145	45	13
December	92	34	54	10, 13	16	7	25·4	6·0	25	4·43	15	5	3474	50	11
TOTALS							1318·0			52·76	199	18	57920		
Monthly Averages	87	48					109·8			4·40			4827		

Rainfall: Average 1887 to 1961: 44·935 ins.

Sunshine: Average 1887 to 1961: 1063·9 hrs.

COUNTY BOROUGH OF BOLTON

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR 1961

A. I. ROSS, M.D., D.P.H.,
Principal School Medical Officer

SCHOOLS SUB-COMMITTEE

Municipal Year 1961-1962

His Worship the Mayor
(Alderman W. H. Bateson, J.P.)

Councillor G. Haslam (*Chairman*)
Alderman P. Flanagan, J.P. (*Vice-Chairman*)
Alderman Mrs. N. Vickers
Alderman Mrs. H. Wright, J.P.
Councillor J. E. Baron
Councillor Mrs. D. Berry
Councillor Miss H. M. Beswick, J.P.
Councillor Mrs. A. Liles
Councillor E. Pomfret
Councillor Mrs. E. M. Ryley
Councillor H. Taylor
Councillor A. Townend
Councillor F. Wood

Rev. N. W. Ford	(*Co-opted Member*)	
Rev. M. Gordon	,,	,,
Rev. A. K. Livesley	,,	,,
Rev. R. D. St. John Smith	,,	,,
Mrs. E. E. Garswood	,,	,,
Mrs. A. Brodigan, J.P.	,,	,,
Mr. A. Howcroft, J.P.	,,	,,
Mr. G. L. Humphrey	,,	,,
Mr. T. Williams	,,	,,

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	Dr. A. I. Ross	
Deputy Principal School Medical Officer	Dr. I. S. Macdonald	
School Medical Officers	Dr. G. G. Galea	
	Dr. Eve M. Mawdsley	
	Dr. Audrey Scddon	(Part-time)
	Dr. Mavis J. Allanson	(Part-time)
	Dr. Dorothy Carlile	(Part-time)
	Dr. A. Hargreaves	(Part-time)
	Dr. Sylvia J. A. Raymond	(Commenced 10.7.61)

School Medical Officers worked part-time in both the Maternity and Child Welfare and School Health Services, and were appointed as Assistant Medical Officers of Health and School Medical Officers.

Ophthalmic Surgeons	Dr. J. Ratcliffe	(Part-time)
	Dr. T. Chadderton	(Part-time)
	Dr. T. Shannon	(Part-time)
Ear, Nose and Throat Surgeon	Mr. G. G. Mowat	(Part-time)
Principal School Dental Officer	Mr. A. E. Shaw	
School Dental Officers	Mr. S. J. Bray	
	Mr. M. R. Annis	(Part-time)
	Mr. I. G. Black	(Part-time)
	Mrs. Erika P. Mellakauls	
	Miss Glenys Haworth	
	Mr. W. J. Abbott	
	Mrs. Mary R. McKenna	(Part-time) (Commenced 5.12.61)
Dental Anaesthetist	Dr. Elizabeth Mitchell	(Part-time)
	Mr. T. H. Wignall	(Part-time)
Psychiatrist	Dr. J. T. Leyberg	(Part-time, until 31.10.61)
	Dr. A. Gage	(Part-time) (Commenced 1.11.61)
Educational Psychologist	Mr. B. P. Frost	(Resigned 31.8.61)
	Mrs. M. A. Spencer	(Commenced 7.9.61)
Social Worker	Mrs. L. O. Green	
Speech Therapists	Mrs. F. Barber	(Commenced 1.7.61)
	Miss A. M. Kelly	
Chiropodist	Miss Anne C. Drury	(Part-time)
Superintendent Nursing Officer	Miss E. M. Richardson	
Deputy Superintendent Health Visitor and School Nurse	Miss A. M. Fraser	

NURSING STAFF

On the 31st December there were 6 full-time School Nurses, and 24 Health Visitors working part-time on School Health and part-time on Maternity and Child Welfare work —the equivalent of $10\frac{1}{3}$ full-time School Nurses.

The Superintendent Nursing Officer supervised the work of the staff and was assisted by the Deputy Superintendent Health Visitor and School Nurse.

DENTAL SURGERY ASSISTANTS

There were 8 dental surgery assistants employed on the 31st December.

TABLE OF CONTENTS

Health Department,
Civic Centre,
Bolton.
June, 1962

To the Chairman and Members of the Schools Sub-Committee of the Bolton Education Committee.

During the year, apart from an outbreak of poliomyelitis, the health of the school children in Bolton was, in general, good and a satisfactory school medical service was maintained.

On October 1st, Dr. A. Gage took up his appointment as Child Psychiatrist with the Manchester Regional Hospital Board and has worked two sessions weekly at the Robert Galloway Clinic. Dr. J. T. Leyberg, to whom our thanks are due, then discontinued his monthly session there.

An investigation was undertaken into the usefulness of the intermediate medical inspection of school children. It was found that apart from defective vision and hearing, many of the disabilities discovered were already known and, where necessary, receiving treatment. Further attention will be given to this matter to see if it is advisable to continue the intermediate examination in its present form or whether some other method of surveying the children's health should be used.

A useful development was the establishment of a clinic where nocturnal enuresis or bed-wetting was treated by providing alarm beds. The results so far have been most promising.

Dr. T. Chadderton, Consultant Ophthalmic Surgeon, gives some topical comments in his contribution to the report, stating with regard to the effect of viewing television on children's eyes,—"Providing that the set is tuned in properly, that the child sits at the correct distance from the set, with the room reasonably lighted, and providing that the child does not view when overtired, or should be in bed, I do not think that televiewing has any deleterious effect on vision."

The Authority provides a full programme of immunisation against diphtheria, whooping cough, tetanus and poliomyelitis. Last year, during the summer term, school children up to 12 years of age had to be offered a fourth injection of poliomyelitis vaccine. No less than 7,877 injections were given—a remarkable achievement reflecting great credit not only on the school medical staff but also on the teaching staff who proved so very co-operative.

The report of the Principal School Dental Officer gives a most interesting account of the Dental Health Education project which took place at the Bolton Technical College. This undoubtedly did most useful work in extending health education among those school children who attended and it is hoped that it will be possible to have a similar exhibition in future years.

The infectious disease causing most trouble during the year was poliomyelitis, 25 cases being notified in the borough of whom all but 2 were below school-leaving age. It is most important that all school children should be immunised against poliomyelitis particularly now when it is so easy with the introduction of oral vaccine. There are still far too many parents who do not ensure that their children are vaccinated.

Although tuberculosis has been reduced most dramatically in this country in recent years it still, from time to time, causes difficulty, and during the year there was a small outbreak in one of the direct grant grammar schools. In co-operation with the Chest Physician, a full investigation was undertaken. Six active cases of pulmonary tuberculosis were found and a further five placed under observation, one of whom was subsequently found to have active disease. When a case of tuberculosis is discovered at a school it is most important that an attempt be made to find the cause of the infection and the contacts examined to see if any of them have been infected.

The campaign to inform secondary school children of the association between cigarette smoking and lung cancer continued. Good co-operation was obtained from the teachers. It is not possible to say to what extent the campaign has been successful. Undoubtedly the recent report of the Royal College of Physicians on this subject will have had some effect. Our difficulties can be appreciated when it is known that in 1960 the tobacco trade spent approximately eleven million pounds on advertising, three millions more than was spent in 1959 and, of course, very much larger than the small amount available to local authorities for health education. The subject is dealt with fully in the body of the report.

I am most grateful for the very good co-operation received from the Chief Education Officer and his staff and for the continued interest and support of the Chairman and members of the Schools Sub-Committee.

A. Ross.

Principal School Medical Officer

GENERAL INFORMATION

No. of pupils on registers of maintained schools 25,271

Children attending:

Nursery Schools	170
Primary Schools	15,292
Secondary Modern Schools	5,740
Secondary Technical Schools	1,621
Secondary Grammar Schools	2,034
Special Schools	414

The number of children attending primary schools included 950 children at 34 nursery classes held in 26 of the primary schools.

No. of schools maintained by the Authority 93

Nursery Schools	2
Primary Schools	66
Secondary Schools	21
Special Schools	4

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

Minor Ailments:

Consultation and Treatment Sessions--Doctor in Attendance

School Clinic	Day and Time of Commencement	No. of Sessions Weekly
Robert Galloway Clinic, Ward Street.	Tuesday and Thursday, 9.30 a.m.	2
Charles Street Clinic, off Folds Road.	Wednesday, 2.0 p.m. Saturday, 9.30 a.m.	2
The Withins School Clinic, Withins Lane, Breightmet.	Wednesday, 9.30 a.m.	1
Astley Bridge School Clinic, Moss Bank Way.	Thursday, 9.30 a.m.	1

Minor Ailment Treatment Sessions—Nurse only in Attendance

School Clinic	Day and Time of Commencement	No. of Sessions Weekly
Robert Galloway Clinic, Ward Street.	Monday to Saturday, 9.30 a.m.	6
Charles Street Clinic, off Folds Road.	Monday to Friday, 2.0 p.m. Saturday, 9.30 a.m.	6
The Withins School Clinic, Withins Lane, Breightmet.	Monday, Wednesday and Friday, 9.30 a.m.	3
Astley Bridge School Clinic, Moss Bank Way	Tuesday and Thursday, 9.30 a.m.	2

Treatment Centres with only a school nurse in attendance were conducted at the following schools:—

Brownlow Fold	Thursday morning
Gaskell Street	Wednesday afternoon
Whitecroft	Wednesday morning
Hayward	Monday, Wednesday and Friday morning

Dental Surgeries:

Six dental surgeries were in operation as follows:—

Robert Galloway Clinic .. .. 2 Surgeries
Monday to Friday, 9.30 a.m. and 2.0 p.m.
and Saturday at 9.30 a.m.

Charles Street School Clinic .. .. 2 Surgeries
Monday to Friday, 9.30 a.m. and 2.0 p.m.
and Saturday at 9.30 a.m.

Astley Bridge School Clinic .. .. 1 Surgery
Monday to Friday, 9.30 a.m. and 2.0 p.m.
and Saturday at 9.30 a.m.

The Withins School Clinic .. .. 1 Surgery
Monday to Friday, 9.30 a.m. and 2.0 p.m.
and Saturday at 9.30 a.m.

Aural Clinics

The Consultant Aural Surgeon attended fortnightly at both the Charles Street School Clinic and the Robert Galloway Clinic to see by appointment school children who were referred by the school medical officers.

Ophthalmic Clinics:

The consultant ophthalmic surgeons attended at Charles Street Clinic and the Robert Galloway Clinic to examine by appointment children referred by school medical officers.

The clinics were held as follows:—

Charles Street School Clinic

January to May, 1961—

Monday afternoon
Tuesday afternoon } 3 sessions weekly
Friday afternoon

June to December, 1961—

Tuesday afternoon 1 session weekly

ROBERT GALLOWAY CLINIC

January to August, 1961—

Wednesday morning	1 session fortnightly
Wednesday afternoon	2 sessions weekly
Saturday morning	

September to December, 1961—

Wednesday morning	1 session fortnightly
Monday afternoon	
Thursday afternoon	3 sessions weekly
Saturday morning	

Morning sessions commenced at 9.0 a.m. and
afternoon sessions at 2.0 p.m.

Child Guidance:

The Child Guidance Clinic continued to be held at the Robert Galloway Clinic. The staffing difficulties which existed in the latter part of 1960 continued during most of 1961, and it was not until the 1st November that the Manchester Regional Hospital Board was able to provide the services of a child psychiatrist. Until the end of October the arrangement which had been made with Dr. J. T. Leyberg, Consultant Psychiatrist to the Bolton District hospitals, continued and he attended at the Robert Galloway Clinic on one Saturday morning each month to deal with the most urgent cases. On the 1st November Dr. A. Gage took up his duties as a consultant child psychiatrist with the Manchester Regional Hospital Board and the Board made his services available at the Child Guidance Clinic on two sessions each week. These are held on Tuesday mornings and Friday afternoons.

Speech Therapy:

Only one speech therapist was employed during the earlier part of the year. A second speech therapist who had resigned in August, 1960 returned to the service of the authority and took up duty in July, 1961.

Audiometry:

Routine audiometric testing continued to be carried out in schools. When this practice was introduced in 1954 children were tested at the ages of seven and twelve years. This practice continued until 1960 when children who were then in the twelve year age group had all been tested once already at the age of seven, and it was felt that priority should be given to reducing the age for the first screening test. The priority accorded to the initial test was continued during 1961, the ultimate object of this being to reduce the age at which the first test takes place to five years. This has unfortunately meant that once again the testing of twelve-year old children has been deferred.

In addition to the routine testing, full audiometric examination is carried out on all children who have speech defects or who are apparently backward or are specially referred by medical officers.

Only one audiometer is available which has to be used for both routine screening tests in schools and for the full audiometric examinations which are carried out at the clinic. Because of this, difficulty was encountered during the year in

fitting in special examinations without undue delay, but it is hoped that the position will be improved with the purchase of a new portable audiometer and the training of an additional school nurse in its use.

Enuresis Clinic:

For some time past during school medical inspections and at school clinics it had been noticed that nocturnal enuresis, or bed wetting, was a very common and, often, very distressing complaint. The treatment of this condition seemed an ideal field for more positive work within the School Health Service.

Other clinical studies indicated treatment by alarm beds to be the most successful method so far employed, and thirteen alarm beds were purchased. Initially these were used for varying periods on cases recommended by the Consultant Paediatrician at Bolton District General Hospital, or by one of the school medical officers who is particularly interested in the problems of nocturnal enuresis.

Of the eight children treated in this way, six were completely cured, one was considerably improved and one, after an initial cure, later relapsed, but possibly this child was too young for an alarm bed since he was only five and a half.

On October 31st a special Enuresis Clinic was started at the Robert Galloway Clinic and has been held each Tuesday morning subsequently. One of the school medical officers is in charge of the clinic. Patients' names, after referral by the consultant paediatrician, school medical officers or general practitioners, are placed on a waiting list, and priority is being given at present to children aged ten or over.

Eleven children were seen at the clinic and each was treated with an alarm bed for three months. Of these, five were cured, five were improved though one had to discontinue treatment due to difficulties with the neighbours when the bell rang, and one child never used the alarm bed, but he is a member of a "problem" family. Of the children whose enuresis was improved, one was immediately given the alarm bed back for a further three months, and it is hoped to give the other three children a further period with an alarm bed to effect a cure.

The initial results from the clinic are encouraging and various technical and administrative difficulties are being overcome. More alarm beds are, however, required since the waiting list is a long one, and it is hoped that they will be provided next year.

Ultra Violet Light Treatment:

Ultra violet light therapy was available in the Health Department and was provided for school children who were recommended for this treatment by school medical officers.

Breathing Exercises:

The physiotherapist in the Health Department gave instruction in breathing exercises for school children recommended for this treatment by school medical officers, chest physicians and the aural surgeon. This treatment was normally given in the Health Department, but the physiotherapist attended Lostock Open Air School in order to give instruction to children there.

MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of school children continued on the same lines as in previous years. Three inspections are carried out during the school life of each child—one on entry to school, one in the last year at primary school and one in the last year of attendance at a secondary school. Children attending special schools are inspected annually.

The routine medical inspection of school children in Bolton has been carried out on these lines for many years and continues to follow the pattern laid down as a requirement in the Handicapped Pupils and School Health Service Regulations, 1945. These regulations have, however, been amended on two occasions. The School Health Service and Handicapped Pupils Regulations, 1953 did not stipulate the exact times at which the three general medical inspections were to be carried out, and also provided that, with the Minister's approval, there could be fewer than three general medical inspections for pupils attending schools maintained by the authority.

The School Health Service Regulations, 1959 went even further and specific requirements as to the occasions on which medical and dental inspections are to be carried out have been omitted. This means that it is now open to an authority to vary its practice with regard to routine medical inspection of school children and a number of authorities have taken advantage of this. The usual variation has been to replace the routine medical inspection of children in the intermediate age group with some form of selective examination. It is desirable that a time-honoured routine should be subject to critical examination and the immediate problem is to decide whether the intermediate medical inspection still serves a useful purpose. At first sight the figures obtained from the intermediate inspection of school children in Bolton appear to show that it does. The figures which follow show that in 1961, 1,332 defects requiring treatment and 1,171 defects requiring observation were discovered in primary school leavers and in the course of additional periodic inspections and inspections carried out in special schools. These defects occurred in 2,384 primary school leavers and 518 other children, including those in special schools. These figures are, however, misleading because they include 518 special inspections and even when these are discounted it will be noticed that a very large number of defects requiring treatment were defective vision, and a large number requiring both treatment and observation were defective hearing.

Both these groups of defects could equally well be discovered by a screening procedure which need not involve a complete medical examination. In addition to this, it is known that some of the defects which are recorded as requiring treatment may already be receiving treatment from general practitioners or through the hospital service, or as a result of previous examination in school. The form in which these statistics are normally collected gives no indication of whether or not this is so in any particular case.This raises the possibility that the more serious defects may already be under treatment and it may be that new defects being discovered as a result of routine inspection in school are of a relatively minor character. Until these questions are answered satisfactorily it would not be possible to depart with confidence from the present practice of carrying out three routine medical inspections during a child's school life.

To provide a foundation for possible action, the records of a large number of children who were examined as primary school leavers during 1960 and 1961 were reviewed. Defective vision was excluded from consideration but, out of 680 other defects which were recorded as requiring treatment 334, or almost 50%, were already receiving treatment. Further, the majority of defects of a serious character appeared to be already receiving treatment. Comparatively few such defects were discovered for the first time as a result of the intermediate medical examination. This throws doubt on the value of the routine examination of all primary school leavers and makes the consideration of alternative schemes desirable. This is a matter to which attention should be given in the near future.

Periodic Medical Inspections

Number of children inspected in the above groups:

Entrants	4,029
Primary School Leavers	2,384
Senior Leavers	2,493
TOTAL	8,906
Additional periodic inspections (including Special Schools)	518
GRAND TOTAL	9,424

Other Examinations

Special examinations	9,912
Re-inspections	7,872
TOTAL	17,784

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment found at periodic inspections was 3,870 compared with 3,302 in 1960, an increase of 568. The number of cases requiring observation fell from 3,040 in 1960 to 2,824 in 1961, a decrease of 216. The total number of children found to have defects was slightly more in 1961 than in 1960, but this is accounted for by the fact that a larger number of children were examined during 1961.

Defect or Disease	Periodic Inspections						TOTAL	
	Entrants		Leavers		Others—Primary School Leavers Additional periodic inspections and Special Schools			
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	91	49	99	27	118	31	308	107
Eyes:								
a. Vision	240	165	526	25	555	82	1,321	272
b. Squint	143	18	19	1	98	3	260	22
c. Other	20	3	16	2	18	8	54	13
Ears:								
a. Hearing	110	117	40	14	65	155	215	286
b. Otitis Media	76	64	14	9	28	37	118	110
c. Other	11	4	4	3	16	9	31	16
Nose and Throat	353	281	62	20	104	146	519	447
Speech	32	94	8	2	13	117	53	213
Lymphatic Glands	31	88	1	–	6	41	38	129
Heart	16	21	16	7	11	18	43	46
Lungs	90	80	23	10	49	47	162	137
Developmental:								
a. Hernia	12	12	3	4	4	5	19	21
b. Other	120	192	10	16	71	95	201	303
Orthopaedic:								
a. Posture	8	21	5	20	10	16	23	57
b. Feet	72	61	21	25	32	20	125	106
c. Other	42	44	30	25	26	38	98	107
Nervous System:								
a. Epilepsy	19	5	4	2	10	4	33	11
b. Other	9	12	6	3	14	4	29	19
Psychological:								
a. Development	7	20	3	2	13	205	23	227
b. Stability	7	41	–	1	11	31	18	73
Abdomen	27	13	7	2	14	20	48	35
Other	57	11	28	17	46	39	131	67
TOTALS	1,593	1,416	945	237	1,332	1,171	3,870	2,824

Summary of Pupils found to require Treatment

Age Group Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
1957 and later	14	202	207
1956	95	482	532
1955	134	421	488
1954	17	34	44
1953	10	27	32
1952	12	21	27
1951	275	296	498
1950	197	179	331
1949	5	10	12
1948	15	19	29
1947	370	285	587
1946 and earlier	177	105	255
TOTALS	1,321	2,081	3,042

Special Inspections

The following table shows the number of defects found at special inspections.

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring to be kept under observation
Skin	331	47
Eyes:		
a. Vision	35	28
b. Squint	14	2
c. Other	36	9
Ears:		
a. Hearing	117	110
b. Otitis Media	40	21
c. Other	60	11
Nose and Throat	139	83
Speech	34	18
Lymphatic Glands	3	6
Heart	3	17
Lungs	30	35
Developmental:		
a. Hernia	1	–
b. Other	61	32
Orthopaedic:		
a. Posture	4	2
b. Feet	11	10
c. Other	44	19
Nervous System:		
a. Epilepsy	4	5
b. Other	23	34
Psychological:		
a. Development	9	10
b. Stability	28	27
Abdomen	4	14
Other	100	83
TOTALS	1,131	623

Presence of Parents at Periodic Medical Inspections:

Age Group Inspected	No. of pupils inspected	No. with parent present
Entrants	4,029	3,173
Primary School Leavers	2,384	2,525
Senior Leavers	2,493	336
Additional periodic inspections (including Special Schools)	518	244
TOTALS	9,424	6,278

Visits to the homes of children by school nurses:

The number of home visits paid by school nurses was 804, compared with 790 in 1960. These visits were made for a variety of reasons. Some were in connection with the cleansing of children who were found to be infested with vermin and in this way the school nurses can offer help to the parents. Special visits were paid when a child was about to be examined under Section 34 or Section 57 of the Education Act, 1944 in order to provide an accurate report about home conditions. Some visits were also made in connection with failure to attend clinics held either by the local education authority or at the hospital.

MINOR AILMENTS

The number of individual children attending school clinics and treatment centres was 3,008, a slight decrease on the previous year when the total number was 3,025. The total number of attendances again showed a fairly substantial fall from 10,319 in 1960 to 9,154 in 1961. There is no doubt that over the years the work of the minor ailment clinics has been declining. Part of the reason for this is the general improvement which has taken place in the health of school children, and to some extent declining attendances are to be welcomed.

Clinic or Centre	No. of individual children who attended	Children seen by medical officer on first visit	No. of subsequent visits to medical officer	Children seen by nurse on first visit	No. of subsequent visits to nurse	Total No. of Attendances
Robert Galloway	1,027	662	254	820	1,668	3,404
Charles Street	835	367	178	823	1,362	2,730
The Withins	379	279	149	263	531	1,222
Astley Bridge	190	141	98	142	112	493
Treatment Centres	577	–	–	555	750	1,305
TOTALS	3,008	1,449	679	2,603	4,423	9,154

The number of visits by children to the treatment centres in schools was as follows:—

Whitecroft	51
Gaskell Street	35
Brownlow Fold	583
Hayward	636
TOTAL	1,305

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin:

Fifteen new cases of scabies were treated during the year, compared with four in the preceding year. This increase is not, however, of any real significance because scabies tends to be a disease which involves the whole family and the discovery of one or two more cases may therefore cause quite a large fluctuation in the total number treated.

Once again, no cases of ringworm of the scalp were discovered during the year.

Disease	No. of cases treated or under treatment by the Authority
Ringworm:	
(i) Scalp	–
(ii) Body	2
Scabies	15
Impetigo	34
Other skin diseases	305
TOTAL	356

Impetigo treated in School Clinics:

The number of cases of impetigo treated in school clinics decreased from 63 in 1960 to 34 in 1961. The table below gives the figures for the past ten years, and it will be seen that they have fluctuated considerably and this decrease is of no significance.

Year	No. of Cases	Year	No. of Cases
1952	51	1957	32
1953	74	1958	39
1954	120	1959	74
1955	76	1960	63
1956	43	**1961**	**34**

Defects of the Ear, Nose and Throat:

A total of 492 children had their tonsils and adenoids removed during the year, four had operations for diseases of the ear and four for other nose and throat conditions. One hundred and seventy-four of these children were seen by the aural surgeon at the school clinics and referred to hospital for treatment, and 326 children were referred direct to the hospital for treatment.

Treatment

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	4
for adenoids and chronic tonsillitis	492
for other nose and throat conditions	4
Received other forms of treatment	114
TOTAL	614

Mr. G. Gordon Mowat, the Consultant Aural Surgeon, reports:—

"The Specialist Aural Clinics have continued at weekly intervals for the past twelve months.

In addition to the new patients who have been seen, a review has been carried out of all cases of minor degrees of deafness who have been attending the ordinary schools with the assistance of hearing aids and lip reading. These total twenty-two children.

Most of the above cases were found to be well adjusted, but two partially deaf children were not progressing and these were transferred to the Thomasson Memorial School for special education.

I would like to take this opportunity of thank the nursing and administrative staffs at the clinics for their help and co-operation."

Ear, Nose and Throat Clinics

No. of visits by patients	569
No. of patients attending	354
No. of new patients	260
No. of children referred from periodic inspections	117
No. of children referred from school clinics	233
No. of children referred from other sources	2

Children attending the clinics for the first time were seen for the following conditions, which may have been multiple in any particular child:—

Disease or Defect	Referred from—			TOTAL
	Periodic Inspection	School Clinics	Other Sources	
Deafness	16	75	–	91
Otitis Media	3	24	–	27
Tonsil and adenoid abnormalities	87	111	2	200
Catarrhal conditions	–	10	–	10
Sinusitis	1	1	–	2
Speech difficulties	3	1	–	4
Other conditions	11	26	–	37
TOTALS	121	248	2	371

Three deaf children and two partially deaf children were recommended for special educational treatment and admitted to the Thomasson Memorial School during 1961.

Nine children were recommended for attendance at the lip reading class.

The aural surgeon completed prescriptions for hearing aids in respect of twelve children.

Three children were referred by school medical officers to Sir Alexander Ewing at the Department of Audiology and Education of the Deaf at Manchester University.

Pure Tone Audiometric Testing:

This work has continued on the same lines as in the preceding year. A sweep test is carried out in schools as a method of selecting those children who may have defective hearing. Children who fail the sweep test are invited to attend at the school clinic where a full audiometric examination is carried out. Initially, when this work began in school, routine examinations were carried out on all seven and twelve-year old children. In 1960 priority was given to the younger age group and an endeavour was made to lower the age at which a child is first tested. This policy was continued during 1961, and routine examination was therefore confined to children who were six or seven years old. It is intended that ultimately the inital test will be given soon after entry to school.

Full audiometric examination is carried out on any child with a speech defect, or who has shown signs of backwardness at school.

Two hundred and sixty-nine children who failed the sweep test in 1961 were invited for a full examination. One hundred and nine of these children had an unsatisfactory full audiogram.

Screening tests for the ascertainment of deafness in pre-school children continued to be undertaken by the Health Department. This work is of considerable value in connection with the education of deaf children in that it makes it possible for deaf and partially deaf children to be referred for suitable education before the normal age of entry to school.

The following table shows the numbers of children in various groups tested at schools and tested at the clinics.

Sweep Testing in Schools

Sources of Children tested	Tested			Failed Test		
	Boys	Girls	Total	Boys	Girls	Total
Ordinary Schools	1,314	1,230	2,544	118	136	254
Special Schools	59	36	95	8	7	15
TOTALS ..	1,373	1,266	2,639	126	143	269

Full Testing at the Clinics

Source of Reference	No. of children referred for test	Awaiting app't for test 1961	App't not kept for test	Result of Audiogram		Unsatisfactory Audiograms and Recommendations				
				Satisfactory	Unsatisfactory	Change of position in class	For observation	Repeat audiogram	Treatment at the clinic	To Aural Surgeon
Failed sweep test in school ..	269	11	46	103	109	10	35	29	10	25
School Medical Officers ..	241	–	36	92	113	20	25	28	11	29
School Medical Officers on account of speech defect	88	–	11	67	10	–	6	2	–	2
On account of backwardness	42	–	6	29	7	1	3	2	–	1
Others:										
Aural Surgeon	19	–	2	4	13	–	5	1	7	–
Headmaster	5	–	–	3	2	1	–	–	–	1
Parent.. ..	7	–	–	4	3	–	1	–	–	2
Family Doctor	5	–	–	2	3	2	1	–	–	–
Health Visitors	8	–	–	4	4	2	–	–	1	1
Repeat Audiograms	206	–	34	75	97	13	41	21	3	19
TOTALS ..	890	11	135	383	361	49	117	83	32	80

Diseases of the Eye:

Altogether, 2,077 children are known to have been dealt with for errors of refraction. Of these, 1,973 were refracted by the ophthalmic sugeons at the school clinics. The total attendances at the clinics numbered 4,143, of which 4,129 were for refraction, repairs to glasses and re-examinations, and 14 for diseases of the eye. Five children were referred to the Bolton Royal Infirmary.

In 253 cases spectacles were repaired or replaced.

Forty-three children were referred to the ophthalmic clinic at the Bolton Royal Infirmary for treatment for squint.

Dr. T. Shannon, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:—

> "I am pleased to report that the work in the Ophthalmic School Clinic has been very smooth and very satisfactory over the past twelve months. The staff have been most co-operative and helpful in conducting the clinics and with the treatment of the patients. The patients themselves have been most co-operative and carried out their treatment with satisfaction, especially the mothers in their difficult, though rewarding task of occluding their children's eyes for squint."

Dr. T. Chadderton, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:—

"The clinic is well equipped for smooth working and the staff is extremely helpful.

I am pleased to note that the parents of all the younger children attend. The number of children with squints is well within normal limits and these children, after having glasses prescribed for them here, are referred to the Bolton Royal Infirmary for further treatment, including surgery, if necessary. All other occular abnormalities, which I am pleased to report are rare, are referred to the hospital for further treatment.

I find that the number of children requiring glasses is no greater in Bolton than in clinics elsewhere. I frequently get enquiries from parents concerning the effect of television on the children's eyes. Providing that the set is tuned in properly, that the child sits at the correct distance from the set, with the room reasonably lighted, and providing that the child does not view when overtired, or should be in bed, I do not think that televiewing has any deleterious effect on vision.

I am pleased to report that there is no appreciable waiting list for children to have their eyes seen, and that children with any eye complaints are seen within a matter of a few days."

Dr. J. Ratcliffe, Consultant Ophthalmic Surgeon attending at Charles Street Clinic, reports:—

"The Ophthalmic Clinic continues to work smoothly as in previous years.

It is gratifying to note the attitude of parents today. They are now quite willing to accept the fact that their children require to wear glasses, whereas in the past it was sometimes difficult to convince them of this.

The majority of parents interviewed at the clinic are most co-operative but there are still a few parents who need to be reminded of the necessity of children wearing glasses constantly.

A yearly "follow-up" of the cases is proving of great value, and parents are only too willing to attend the clinic when invited.

Children with squint are still referred to the Orthoptic Clinic at the Bolton Royal Infirmary."

Cases of eye disease, defective vision or squint for which treatment was initiated by the school medical officers, may be analysed as follows:—

	Number of cases known to have been dealt with
External and other conditions excluding errors of refraction and squint	50
Errors of refraction (including squint) ..	2,077
TOTAL	2,127
Number of pupils for whom spectacles were prescribed	1,300

The following were found at periodic medical inspection to require attention for defects of the eye:—

Defect	Age Groups Inspected				Totals
	Entrants	Primary School Leavers	Senior School Leavers	Additional Periodic Inspections and Special Schools	
Defective Vision	240	447	526	108	1,321
Squint	143	83	19	15	260
Blepharitis	5	6	5	–	16
Conjunctivitis ..	4	4	2	1	11
Other	11	6	9	1	27

Orthoptics:

Children requiring treatment by an orthoptist continue to be referred to the orthoptic clinic at the Bolton Royal Infirmary as it has not been possible to recruit an orthoptist to do this work in the school clinics.

Defective Colour Vision:

As in previous years, the colour vision of secondary school leavers is tested using the Ishihara method. Forty-one children were found to have defective colour vision and, as is to be expected, forty of these were boys.

Orthopaedic Defects:

Three hundred and five children were found to have orthopaedic defects. Two hundred and forty-six of these were found on periodic medical inspection and the remaining fifty-nine at school clinics. Thirty-one children were referred to consultant orthopaedic surgeons at the Bolton Royal Infirmary for advice and treatment.

Chiropody:

The number of weekly sessions held by the chiropodist at the Robert Galloway Clinic remained at two throughout the year.

Miss Anne C. Drury, the Chiropodist, reports:—

"In 1961 the work of the chiropody clinic has progressed smoothly. As in previous years the main part of each session has been devoted to the treatment of verrucae.

An interesting factor this last year has been the number of children who have asked me for details of chiropody as a career, which seems to indicate a growing interest in 'foot health' generally."

The number of children attending, and a summary of the defects treated, are given below:—

	Boys	Girls
No. of children who attended for treatment	118	272
No. of **new** patients	101	228
Plantar Warts (Verrucae pedis)	320	
Pronation	5	
Onychocriptosis (Ingrowing toe nails)	2	
Onychogryphosis	2	
General chiropody treatment	55	
Athlete's Foot (Tinea pedis)	3	
Chilblains	1	
Total number of treatments given	**1,848**	

Cleanliness of School Children:

In my report for 1960 I mentioned that it was disappointing to find that the problem of head infestation among school children was so intractible. There has been no improvement in 1961. The percentage of children with infested heads was 7.9, compared with 7.01 in 1960. This is, in fact, the highest percentage during the last five years although it does not necessarily mean that there has been a significant increase over the past year. The efforts of the school medical and nursing staff are continuing, and during the year 148 children—30 boys and 118 girls—attended the Municipal Medical Baths at School Hill for vermin disinfestation and bodily cleansing.

Notices to Cleanse were issued under Section 54(2) of the Education Act in 33 cases, compared with 27 in 1960, and one Cleansing Order was issued under Section 54(3) of the Education Act.

	1957	1958	1959	1960	**1961**
School population	25,325	25,437	25,373	25,311	**25,271**
No. of head inspections	42,020	50,199	56,184	54,720	**49,318**
No. of children with nits or vermin	1,352	1,907	1,923	1,775	**2,021**
Expressed as a percentage of school population	5.3	7.4	7.6	7.01	**7.9**

THE GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection:

At the routine medical inspections the school medical officer concludes his medical report with a statement on the child's general condition, whether satisfactory or unsatisfactory. This classification, which was adopted nationally from the 1st January, 1956, has the merits of simplicity and practicability.

Of the 9,424 children examined at periodic inspections, 9,413 (99.88%) were satisfactory and only 11 (0.12%) were unsatisfactory, a very small percentage indeed. Details are given in the following table.

Age Groups Inspected (By year of birth) (1)	No. of Pupils inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1957 and later	806	805	99.88	1	0.12
1956	1,685	1,683	99.88	2	0.12
1955	1,566	1,563	99.81	3	0.19
1954	156	155	99.36	1	0.64
1953	70	70	100.00	–	–
1952	58	58	100.00	–	–
1951	1,518	1,518	100.00	–	–
1950	939	936	99.68	3	0.32
1949	30	30	100.00	–	–
1948	36	35	97.22	1	2.78
1947	1,916	1,916	100.00	–	–
1946 and earlier	644	644	100.00	–	–
TOTALS ..	9,424	9,413	99.88	11	0.12

The School Meals and Milk in Schools Scheme:

The percentage of school children during 1961 taking school **milk** under the above schemes	88.21
No. of dinners produced in the school kitchens during 1961	2,608,750
Average number of children taking meals daily	11,820
Percentage of school children taking **dinners** in school during 1961:—	
Expressed as percentage of average attendances ..	51.88
No. of central kitchens	2
No. of kitchen/dining rooms	33
No. of children on free meals list at 31st December ..	1,175

IMMUNISATION

Immunisation against diphtheria and tetanus continued on the same lines as in 1960. Immunisation is offered to children in their first year at school. In both cases only a booster is required where the child has been immunised in infancy, and it is possible to combine the boosters against diphtheria and tetanus in one injection. Where the child has not been immunised against diptheria or tetanus, or has been immunised against diphtheria alone, further injections are necessary to provide the child with adequate immunity. An increasing number of the children now reaching school age have been immunised with triple antigen in infancy and therefore require only one single booster injection against both diphtheria and tetanus.

During the course of 1961, arrangements had to be made to provide poliomyelitis vaccination in schools. This arose as a result of the issue of Ministry of Health Circular 15/61, which asked local authorities to make arrangements for all children between the ages of five and twelve to be offered a fourth booster injection of poliomyelitis vaccine (salk) and to continue to offer a fourth booster injection to all children when they reached the age of five years. The Circular particularly asked that the fourth injection should be offered to children between the ages of five and twelve before the commencement of the summer season when poliomyelitis might be expected to occur. This was a formidable task as it meant that the entire work had to be completed during the summer term. Additional staff were engaged on a sessional basis to assist, and a total of 7,877 injections were given. The work was completed by the end of the term.

As a result of this Circular it is now necessary to offer a booster dose of poliomyelitis vaccine to all children in their first year at school in addition to booster injections against diphtheria and tetanus. Arrangements which provide for boosters against all three diseases were put into operation at the beginning of the Autumn Term, 1961.

DENTAL HYGIENE

Report of the Principal School Dental Officer

Staff:

No changes in the dental staff occurred until December, 1961 when an additional part-time dental officer was appointed. All the six dental surgeries operated on a full-time basis with the equivalent of 5 full-time officers. Our establishment is the equivalent of 8 full-time officers.

Clinics:

Two dental surgeries at the Robert Galloway Clinic, two dental surgeries at Charles Street Clinic, one dental surgery at The Withins Clinic and one at the Astley Bridge Clinic were open throughout the year.

Dental Inspections:

12,392 children out of a school population of 25,271 received a routine dental inspection, a considerable and welcome advance on last year's total of 8,588.

Special inspections totalled 3,389—almost identical with last year's total of 3,360—and it seems that during each year one child in every eight required "emergency dental treatment".

Treatment:

5,375 children received treatment and were made dentally fit. A six-monthly recall system operates for these children to ensure the maintenance of dental fitness so that time spent on conservative treatment is not wasted by possible future neglect.

The ratio of fillings of permanent teeth to extractions of permanent teeth showed some improvement. In 1961 the number of permanent teeth filled was 3,663 and the number extracted 3,048, a ratio of 1.21. In 1960 the number of permanent teeth filled was 3,039 and the number extracted 2,766, a ratio of 1.09.

The number of children receiving orthodontic treatment continues to increase and 172 children were under treatment for the correction of irregularities of the teeth. Eighty-seven of these were new cases, the remainder still being under treatment continued from the previous year. One hundred and twenty-four new removable appliances were fitted during the year.

This work is very much appreciated by both patient and parent and enhances the value of the School Dental Service in the public eye.

Twenty-two partial dentures and 7 repairs to existing dentures were fitted. Accidents invoving the loss of front teeth will always be a problem in children's dentistry and most of the prostheses were to replace incisor teeth lost as a result of trauma. One appliance was fitted for the purpose of aiding speech therapy, and one splint, 3 gold post crowns and 2 porcelain jacket crowns were fitted.

General anaesthetics were administered in 3,216 cases, an increase of 368 on last year. Three hundred and twelve cases received a radiological examination and 453 X-ray films were taken.

Other operations totalled 9,490 comprising scaling and polishing, gum treatments, treatment of oral ulceration, dressings for the relief of pain, impressions and topical applications of sodium fluoride, and adjustments of orthodontic appliances.

General Remarks:

Some progress has been made in modernising equipment. Two Kavo Airotors and two Solarite lights have been provided. High speed Airotor drills and the best possible illumination are two very important necessities for modern dentistry and it is hoped that in due course all surgeries will receive this essential equipment. The provision of additional surgeries is necessary for expansion of the service.

Dental Health Education:

The highlight of the year in this field was the Dental Health Education project which took place in the week commencing 17th July, 1961 at the Bolton Technical College. In retrospect, this proved so successful that a similar project is planned for July, 1962, but lasting for a fortnight so that double the number of children will have the opportunity of seeing the exhibition

I would like to acknowledge the encouragement and help received from the Medical Officer of Health, the Chief Education Officer and his staff, especially Mr. E. Roberts, Administrative Assistant (Schools), whose able organisation of the attendance, transport and stewarding of the children attending the exhibition was beyond praise, as was the co-operation of head teachers and the response of their staffs without whom nothing could have been achieved.

It has long been clear that the efforts of conservative dentistry handicapped as it is by the countrywide shortage of dental surgeons cannot cope with all the ravages of dental decay, and that preventive dentistry must be made to play a more effective part than has been the case in the past. Education of the public in the important part that correct oral hygiene can play in the control of dental caries, and of the value of healthy, natural dentition, is an urgant need. But it is difficult to put over a convincing message to sweet-eating parents so many of whom are denture wearing "dental cripples", unconvinced of the value of conservation. We must show that what they put up with is not good enough for their children. We must educate the rising generation.

Proper methods of oral hygiene allied to good dietary habits and supported by regular dental inspection and treatment have been shown to reduce the incidence of dental caries by as much as a third. It is therefore a very valuable preventive health measure to educate the public in these dental health matters and permission was given by the Schools Sub-Committee to organise a dental health project.

Two large lecture rooms and the small lecture theatre, which is equipped for 16 mm. sound film projection, at the Bolton Technical College were made available and 1,200 school children in parties attended the exhibition which was open for one week during school hours.

The project stressed four ways to dental health and comprised four stands:—

1. Right Foods
2. Good Habits
3. Clean Teeth
4. Regular Dental Treatment

Each stand had tables carrying visual aids backed by peg-board display panels exhibiting suitable posters and flannel graphs relating to the subject of the demonstration and manned by a dental hygienist. The "Regular Dental Treatment" stand was manned by a dental officer.

1. Right Foods

Featured a dental health train in whose wagons were foods of different types—-

Energy Foods—wholemeal bread
Protein Foods—meat, fish, eggs, cheese, milk
Calcium rich Foods—milk, cabbage, eggs, cheese
Vitamin rich Foods—cod liver oil, tomato, eggs, milk, oranges
Cleaning Foods—raw apples, carrots, nuts, celery, radish

A dental hygienist talked for five minutes on the contents of each wagon in turn and invited questions.

2. Good Habits

Here was shown how certain foods such as chocolate, sweets, cakes, jam, biscuits, etc., stick to the teeth and quickly form acid. The children took part in the experiment by eating a chocolate biscuit and then examining the effect on the teeth using a mouth mirror. A piece of raw apple was then chewed and the mouth re-examined to show how well apple or other hard food cleaned the mouth after a meal. This proved to the children in a vivid manner how wise it is to eat apples and other fruits between meals rather than sweets or biscuits.

An illuminated viewing box showed colour slides demonstrating by the change in colour of methyl red, an acid indicator, how quickly acid forms after eating carbohydrate foods, and the resulting gross caries in front teeth.

3. Clean Teeth

The demonstrator showed the correct methods of cleaning teeth by using a three times life size acrylic model of the mouth and teeth, discussed toothbrushes and toothpastes and how to rinse the mouth with water if tooth brushing was inconvenient—rinse and swallow technique.

4. Regular Dental Treatment

A modern dental surgery complete with the latest high speed drill (Airotor) was set up and a dental officer stressed the value of regular dental inspection and treatment. The children were shown how a filling will inserted into a tooth cavity preparation. They were allowed to handle the equipment and drill cavities in extracted teeth mounted in plaster of Paris. The object of this was to familiarise the children with the armamenterium of a modern dental surgery on the premise that fear keeps many patients from seeking conservative treatment and that familiarity with the instruments would do something to obviate the fear of treatment in the future.

Each demonstration lasted eight minutes and at a signal from a "pinger" each group ot twelve or fifteen children passed on to the next stand. When they had been to each of the four stands they all proceeded to the small hall where they were shown a twenty-minute colour sound film on oral hygiene (Oral Hygiene Service and General Dental Council). On their way out each child was presented with an apple kindly provided by the New Zealand Apple Marketing Board (Commonwealth Fruits Council), and with suitable leaflets on oral hygiene.

I acknowledge with appreciation and gratitude the help and loan of material given so freely by Mr. T. B. Tomlinson, L.D.S., R.C.S., of Buckinghamshire, Mr. C. H. Griffiths, L.D.S., R.C.S., Principal School Dental Officer, Buckinghamshire, Mr. J. V. Bingay, M.B.E., L.D.S., R.C.S., Director of the School for Dental Auxiliaries, and Mr. F. St. D. Rowntree, Health Education Officer, Sheffield, who pioneered this type of dental health project, and by Dr. J. Miller of the Department of Preventive Dentistry, Turner Dental School, Manchester, for his encouragement, and the services of the six newly qualified dental hygienists whose charm and efficiency spoke volumes for the efficiency of the training they had received. Miss M. B. Nicoll, Organiser and Tutor of the Health Visitors' Training Course at Bolton Technical College, supplied some excellent flannel graphs.

In addition, our best thanks are due to Mr. C. E. Mason of Messrs. Claudius Ash, Sons and Co., Ltd., for freely providing the dental equipment, the Commonwealth Fruits Council for donating the apples, the General Dental Council, Oral Hygiene Service, Unilevers, and Public Relations Associates, for loaning films, models, and providing leaflets and posters.

Throughout the year the help received from the Chairman and members of the Schools Sub-Committee, the Chief Education Officer, the Medical Officer of Health, and their staffs, and the co-operation of head teachers and their staffs, is gratefully acknowledged by the Dental Department.

Dental Inspection and Treatment:

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(*a*) At Periodic Inspections ..	12,392—	Total (1) ..	15,781
(*b*) At Special Inspections	3,389—		
(2) Number found to require treatment			11,492
(3) Number offered treatment			10,081
(4) Number actually treated			5,375
(5) Number of attendances made by pupils for treatment (including those recorded at heading 11(*h*))			14,211
(6) Number of half days devoted to—			
(*a*) Periodic (School) Inspection	86—	Total (6) ..	2,219
(*b*) Treatment	2,133—		
(7) Fillings:			
(*a*) Permanent Teeth	3,663—	Total (7) ..	5,223
(*b*) Temporary Teeth	1,560—		

(8) Number of teeth filled:			
(*a*) Permanent Teeth	3,354	Total (8) ..	4,828
(*b*) Temporary Teeth	1,474		
(9) Extractions:			
(*a*) Permanent Teeth	3,048	Total (9) ..	8,494
(*b*) Temporary Teeth	5,446		
(10) Administration of general anaesthetics for extraction			3,216
(11) Orthodontics:			
(*a*) Cases commenced during the year			87
(*b*) Cases carried forward from previous year			85
(*c*) Cases completed during the year			44
(*d*) Cases discontinued during the year			30
(*e*) Pupils treated with appliances			172
(*f*) Removable appliances fitted			124
(*g*) Fixed appliances fitted			—
(*h*) Total attendances			873
(12) Number of pupils supplied with artificial teeth			22
(13) Other operations:			
(*a*) Permanent Teeth	7,731	Total (13)	9,490
(*b*) Temporary Teeth	1,759		

INFECTIOUS DISEASES IN CHILDREN

As in 1960, measles was the infectious disease with the greatest incidence. A total of 2,698 cases were notified among children under school age. In my report for 1960 I remarked that although the total number of notifications was high, the incidence was quite low during the first ten months of the year and the numbers began to rise in the autumn. The reverse occurred during 1961; the majority of cases occurred during the first three months of the year and comparatively few cases occurred during the remaining part of the year. The picture is, therefore, one of an extensive outbreak of measles which occurred during the winter of 1960-61, and affected the notification rates in both years.

The incidence of dysentery was comparatively low, only 145 cases being notified compared with 317 in 1960. The figures for 1960 were, however, affected by an outbreak of dysentery which commenced in the last quarter of 1959 and continued into the early part of 1960. 1961 was free from any such occurrence.

The incidence of scarlet fever continued to fall, the total number of notifications being 82 in comparison with 183 in 1960.

The incidence of whooping cough showed a slight decline, the number of notifications being 146, compared with 175 in 1960. This variation, however, is not likely to be of any significance.

In the autumn of 1961 an unusually large number of cases of poliomyelitis occurred. A total of 25 cases were notified in the borough, and of these all but two were below school leaving age. Of the 23 children concerned, 13 had paralytic disease and 10 non-paralytic. Of the thirteen children who had paralytic disease, six were of school age and seven were below school age. Two of the children of school age and five of the children below school age were transferred from the infectious disease hospital to the care of orthopaedic surgeons for subsequent treatment. It is possible that some of these children may later require special educational treatment as physically handicapped pupils.

The incidence of food poisoning was again quite low in 1961, a total of 18 cases being notified compared with 31 during 1960.

During the year, an active case of tuberculosis was discovered at a direct grant grammar school and a survey was undertaken of the whole school and staff. A further case was discovered while the arrangements for the survey were being made. As a result of the survey, five pupils were found to have pulmonary tuberculosis requiring treatment and a further five were placed under observation. One of these children was subsequently found to have active disease. None of the staff was found to be affected.

The survey was repeated four months later and on this occasion no active disease was discovered and it is therefore reasonable to conclude that all the infected children had been discovered on the first occasion.

The staff and pupils over the age of thirteen were surveyed by X-ray by the mass miniature radiography unit, and the children under the age of thirteen had a tuberculin skin test; those who had a positive result were referred to the Chest Physician for X-ray and further examination.

Incidence of Infection:

The number of cases of infectious diseases each month was as follows:—

Disease	Number of Cases												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Scarlet Fever	8	9	13	3	10	8	4	1	3	6	8	9	82
Measles	823	877	590	125	73	84	57	43	13	9	4	–	2,698
Whooping Cough	15	16	36	30	16	9	12	4	4	2	–	2	146
Pneumonia	8	5	1	–	5	2	–	–	–	–	4	4	29
Poliomyelitis													
Paralytic	–	–	–	–	–	–	–	–	4	9	–	–	13
Non-Paralytic	–	–	–	–	–	–	–	–	1	8	1	–	10
Enteric Fever (Paratyphoid B)	–	–	–	–	–	–	–	–	–	–	–	–	–
Dysentery	5	4	4	9	29	27	19	5	15	8	10	10	145
Food Poisoning	–	3	2	1	1	–	3	2	3	1	–	2	18
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–	–
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infection	–	–	–	1	–	–	–	–	–	–	–	–	1
Acute Encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–

Age at Infection:

The age of the children at infection is shown below:—

Disease	Age																Total
	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Scarlet Fever	–	2	4	17	11	11	12	4	4	6	4	3	1	2	–	1	82
Measles	108	333	407	473	438	458	258	117	66	10	9	9	6	6	–	–	2,698
Whooping Cough	14	18	18	21	20	19	12	10	4	5	1	2	1	1	–	–	146
Pneumonia	12	2	–	1	1	4	3	2	1	1	2	–	–	–	–	–	29
Poliomyelitis																	
Paralytic	1	4	1	–	1	1	–	–	3	1	1	–	–	–	–	–	13
Non-Paralytic	–	–	–	–	1	–	1	–	3	–	1	2	1	–	1	–	10
Enteric Fever (Paratyphoid B)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dysentery	8	20	23	21	21	11	9	4	4	6	4	4	–	3	4	3	145
Food Poisoning	2	3	5	1	1	1	1	–	1	1	1	1	–	–	–	–	18
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infection	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Acute Encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

REPORT ON PHYSICAL EDUCATION

1961 has been an interesting and successful year in the field of physical education. Demonstrations of gymnastics were held showing the work of infants, juniors and senior girls and boys. These were attended by large numbers of teachers.

An indoor golf school has been started and courses for boys and girls have been arranged. Much appreciation was shown by the pupils who attended the courses. The demand for the indoor cricket school is so high that it becomes increasingly difficult to accommodate all those who apply.

The Annual Netball Rallies were most exciting as the schools played according to the new rules for the first time. The standard of play was excellent. The cross country run was an interesting and exciting event, much enthusiasm being shown by spectators and competitors.

The demand by the schools for more swimming sessions is increasing and the numbers of children who attended at Whitecroft School bath during the summer holidays was so high it was difficult to fit them all in. The improvement during the six weeks was most satisfactory.

THE WORK OF THE CHILD GUIDANCE CENTRE

During the first ten months of the year Dr. Leyberg continued to attend at the Child Guidance Centre on one Saturday morning each month. This was a temporary arrangement which had been made following Dr. Berndt's retiral in 1960. Dr. A Gage, the Consultant Child Psychiatrist, took up his duties on the 3rd November, 1961, and thereafter attended twice weekly.

Dr. Gage reports as folows:—

"When I started work at the Child Guidance Clinic in Bolton on the 3rd November there was a waiting list of 18 cases. In addition, 21 children who had been seen periodically by Dr. Leyberg or Dr. Berndt were listed as requiring treatment or follow-up.

During the period 1st November to 31st December, 1961 a further 12 cases were referred from the following agencies:—

School Health Service	6
Paediatrician	3
Adult Psychiatrist	2
Educational Psychologist	1

These small numbers cannot be taken to represent the current stituation, either as regards rate of referral or percentages referred by the different agencies.

The total number of new cases seen during November and December was fifteen. Of these, six were taken on for treatment and three are seen for fairly frequent follow-up.

Two months is far too short a time for me to be able to make any concrete observations on the work of the Clinic, and I hope to be in a better position to furnish figures in December, 1962 which should be useful in planning future developments to provide for emotionally disturbed children."

HANDICAPPED PUPILS

One of the most important duties of the School Health Service is to advise the authority on the ascertainment of handicapped pupils. These are pupils who, because of some physical or mental disability, require special educational treatment if they are to obtain the maximum possible advantage from education. Correct ascertainment and placement is of considerable importance to individual pupils.

As far as possible, children are retained in ordinary schools unless their handicap is so severe that this would not give the child the best possible education.

The examination of children who are ascertained as educationally subnormal is carried out by medical officers who have attended a prescribed course in this work and have fulfilled conditions laid down in the Medical Examinations (Sub-normal Children) Regulations, 1959. Two full-time medical officers and two part-time medical officers have fulfilled the requirements of the regulations and were able to undertake this work during 1961.

Ascertainment in 1961

The following children were ascertained as in need of special educational treatment as handicapped pupils during the year:—

Blind	—
Partially Sighted	3
Deaf	3
Partially Deaf	11
Educationally Sub-normal	39
Epileptic	1
Maladjusted	4
Physically Handicapped	4
Pupils suffering from Speech Defects	80
Delicate	35
TOTAL	180

Children in Special Schools:

At the end of the year there were 331 handicapped pupils receiving special educational treatment in special schools. Details are given in the following table:—

Handicap	Special Schools	No. of Pupils Boarders	Day
Blind	Henshaw's Institute for the Blind, Manchester	3	–
	Chorleywood College, Herts.	1	–
	Liverpool School for the Blind	1	–
Partially Sighted	Preston School	2	–
	St. Vincent's, Liverpool	1	–
	Corporation Park School, Blackburn	–	6
	Exhall Grange, Coventry	1	–
Deaf	Thomasson Memorial School, Bolton	–	12
	Mary Hare Grammar School, Newbury	1	–
Partially Deaf	Thomasson Memorial School, Bolton	4	15
Delicate	Lostock Open Air School, Bolton	69	–
Physically Handicapped	Birtenshaw Hall School, Bromley Cross	1	8
	St. Rose's School, Stroud, Glos.	1	–
	Bleasdale House School, Silverdale	1	–
	Bethesda House, Cheadle	1	–
Educationally Sub-normal	Woodside School, Bolton	–	181
	Stone Cross, Ulverston	2	–
	Crowthorn, Edgworth	1	–
Maladjusted	Wennington School, Wetherby, Yorks.	1	–
	Blue Coat School, Liverpool	1	–
	St. Thomas More's School, Devon	7	–
	Drayton Manor	1	–
	Seathwaite House	1	–
	Breckenborough, Thirsk	1	–
	St. Laurence's, St. Leonards-on-Sea	1	–
	Dunsterville, Rochdale	1	–
Epileptic	Colthurst House School, Alderley Edge	2	–
	Soss Moss School, Chelford	1	–
	St. Elizabeth's School, Much Hadham	2	–
	Totals	109	222
	Total	331	

Children awaiting placement in Special Schools:

The following pupils were ascertained as in need of special educational treatment, but at the end of the year arrangements for accommodation had not been completed:—

Partially Sighted	2
Physically Handicapped	3
Educationally Sub-normal	4
Epileptic	1
Maladjusted	4
Delicate	1
TOTAL	15

Total number receiving or needing special school accommodation .. **346**

Special Schools in Bolton:

WOODSIDE DAY SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN:

The numbers of children on the rolls, and those admitted and discharged, were as follows:—

WOODSIDE SENIOR SCHOOL:

From the Bolton Area:	BOYS	GIRLS
No. of children on the roll, December 1961	57	30
No. of children admitted during 1961	19	6
No. of children who left during 1961	13	11
From Outside Areas:		
No. of children on the roll, December 1961	6	4
No. of children admitted during 1961	1	4
No. of children who left during 1961	–	–

WOODSIDE JUNIOR SCHOOL:

From the Bolton Area:	BOYS	GIRLS
No. of children on the roll, December 1961	56	39
No. of children admitted during 1961	20	9
No. of children who left during 1961	12	1
From Outside Areas:		
No. of children on the roll, December 1961	6	6
No. of children admitted during 1961	–	–
No. of children who left during 1961	1	1

One of the medical officers who is approved for the purposes of ascertaining educationally sub-normal children attends these schools regularly.

1961 was the first full year in which Section 57 of the Education Act, 1944, as amended by Section 9 of the Mental Health Act, 1959, operated. It was therefore not necessary for the local education authority to issue to the local health authority statutory reports on children leaving Woodside Senior School at the age of sixteen who might require supervision. Such children were however reported to the local health authority on an informal basis.

THOMASSON MEMORIAL DAY AND RESIDENTIAL SPECIAL SCHOOL FOR DEAF AND PARTIALLY DEAF CHILDREN:

Pupils were admitted from our own and other authorities' areas. With a few exceptions, the children who lived in Bolton or nearby attended as day scholars; the remainder were resident.

The Consultant Aural Surgeon pays regular visits to the school. A school medical officer also paid regular visits.

The numbers of children were:—

From the Bolton Area:	BOYS	GIRLS
No. of children on the roll, December 1961 ..	17	14
No. of children admitted during 1961	1	4
No. of children who left during 1961	–	–
From Outside Areas:		
No. of children on the roll, December 1961 ..	45	24
No. of children admitted during 1961	22	7
No. of children who left during 1961	3	4

LOSTOCK RESIDENTIAL OPEN AIR SCHOOL FOR DELICATE CHILDREN:

The open air school is of value in dealing with certain categories of handicapped children. Slightly over half the children in the school are from Bolton and the remainder are from other authorities, principally from the Lancashire County Council. About half the children from Bolton suffer from general debility and the regime in the open air school is helpful to them. Most of the remaining children suffer from respiratory complaints, of which asthma is the predominant one.

A school medical officer visits the school each week and the children are cared for by a local general practitioner when they are ill.

The following table gives details of the number of children in attendance, admitted and discharged during the year.

From the Bolton Area:	BOYS	GIRLS
No. of children on the roll, December 1961 ..	34	35
No. of children admitted during 1961	15	20
No. of children discharged during 1961 ..	14	20
From Outside Areas:		
No. of children on the roll, December 1961 ..	39	12
No. of children admitted during 1961	28	3
No. of children who left during 1961	23	8

An analysis of the medical conditions of the children who were in residence during the year is given below:—

Medical Condition	No. of Children Bolton	Outside Areas
Asthma	18	34
Bronchitis	13	9
Bronchiectasis	9	2
Poor nutritional status	1	1
General debility	51	21
Other conditions	11	15
Totals	103	82

Children in other Special Schools:

A number of Bolton children who are handicapped and who cannot be suitably educated in the special schools provided in Bolton attend residential schools in other parts of the country. These children are examined by the authority's medical officers during the school holidays when they return to Bolton so that progress can be assessed, and if there is any change in the child's disability an appropriate recommendation can be made.

Children suffering from Cerebral Palsy:

As far as possible, spastic children whose physical disability is slight and whose intelligence level is adequate are encouraged to attend an ordinary school. The majority of spastic children from Bolton whose physical disability makes them unfit for ordinary school attend Birtenshaw Hall Special School for Spastic Children. The admission and discharge of these children is the responsibility of the Medical Advisory Panel, which meets from time to time to consider applications.

Altogether there were 27 children known to the School Health Service to be suffering from cerebral palsy. The situation at the end of the year was as follows:—

	Boys	Girls
Attending Birtenshaw Hall Special School	2	7
Awaiting admission to Birtenshaw Hall Special School	–	1
Awaiting admission to special school for partially sighted children	1	–
Attending special school for educationally sub-normal	1	1
Attending ordinary schools	4	4
Not at school—pre-school children	3	3
Totals	11	16

Children unable to attend school because of Physical Disabilities:

The service of home teachers was needed for 48 children. The conditions necessitating this service were as follows:—

	Boys	Girls
Rheumatic Fever	4	3
Bronchial asthma	2	1
Heart trouble	–	3
Rheumatoid arthritis	3	–
Epilepsy	2	1
Congenital hip	–	1
Totally inverted left foot	–	1
Haemophilia	2	–
Congential abnormality of the spine	–	1
Epidermolysis bullosa	1	–
Tuberculosis	1	–
Osteochondro dystrophy	1	–
Rheumatic chorea	1	2
Leg trouble	1	–
Rheumatism	1	2
Marfan's disease	–	1
Left lower lobectomy	1	–
Nephrotic syndrome	–	1
Colitis	–	1
Leukaemia	1	–
Fracture, leg	1	–
Spinal trouble	–	1
Chorea	1	–
Muscular dystrophy	1	1
Hydrocephalus	–	1
Emotionally disturbed	–	1
Nephritis	1	–
Guillain-Barré Syndrome	–	1
Totals	25	23

Eighteen boys and thirteen girls who had suffered from the conditions mentioned below were taken off the peripatetic teachers' list.

	Boys	Girls
RESUMED ATTENDANCE AT ORDINARY SCHOOL:		
Rheumatic fever	4	3
Bronchial asthma	1	1
Rheumatoid arthritis	2	–
Epilepsy	1	–
Tuberculosis	1	–
Brailsford disease	1	–
Rheumatic chorea	1	2
Intermittent claudication	1	–
Rheumatism	1	2
Left lower lobectomy	1	–
Nephrotic syndrome	–	1
Colitis	–	1
Fracture, leg	1	–
Spinal trouble	–	1
Nephritis	1	–
Guillain-Barré Syndrome	–	1
DECEASED:		
Leukaemia	1	–
OVER SCHOOL AGE:		
Haemophilia	1	–
UNSUITABLE FOR EDUCATION AT SCHOOL:		
Epilepsy and educational subnormality	–	1
TOTALS	18	13

Co-operation with the Youth Employment Service:

Handicapped pupils may encounter difficulties in obtaining or keeping employment after they leave school and to assist the Youth Employment Officers in placing these children school medical officers provide advice on Forms Y.9 or Y.10, which are sent to the Youth Employment Officer.

Form Y.9

This form was completed in respect of 72 children and was used for children who had relatively minor defects and who were not likely to need registration under the Disabled Persons (Employment) Act, 1944. The conditions for which this form was used are given in the following table:—

	Boys	Girls
Defective colour vision	40	1
Asthma	1	1
Defective hearing	5	5
Defective hearing and colour vision	1	–
Defective vision	2	–
Epilepsy	1	2
Heart condition	–	2
Disability of limb	–	2
Rheumatism and arthritis	–	1
Post rheumatic fever	–	1
Hay fever	1	–
Old poliomyelitis	3	–
Bronchitis	–	2
Defective hearing and defective vision	–	1
Totals	54	18

Form Y.10

This form is used where children are sufficiently severely handicapped to make a registration under the Disabled Persons (Employment) Act, 1944 a possibility. It is therefore rarely used, and in fact was completed in respect of one child only during 1961, compared with four children in 1960. This form is not completed unless the parent is willing to sign a declaration stating that the nature of the disability may be revealed to the Youth Employment Officer. Generally speaking, it is to the advantage of the child that the handicap should be declared at this stage as failure to do so may lead to unsuitable employment and eventually to unemployment.

Leavers from–	Form Y.9 completed for–			Form Y.10 completed for–		
	Boys	Girls	Total	Boys	Girls	Total
Through Schools	1	–	1	–	–	–
Secondary Modern Schools	40	16	56	–	–	–
Technical Schools	8	1	9	–	–	–
Grammar Schools	4	–	4	–	–	–
Special Schools	–	1	1	–	–	–
Residential Schools	1	–	1	–	–	–
Out of School	–	–	–	1	–	1
Totals	54	18	72	1	–	1

Speech Therapy:

The following is a report on the work of the two speech therapists.

Total number of children treated	160
Number of new cases interviewed	84
Number of new cases treated	70
Number of children discharged—	
Treatment complete	39
Unsuitable for treatment	4
Ceased attending	9
Number of children examined in school	178
Total number of attendances	2,480
Total number of attendances—Woodside E.S.N. School	448

The proportions of different types of defect remain fairly similar. Stammerers accounted for 26 per cent., dyslalia 57 per cent., cleft palate 7 per cent. The remaining 10 per cent., were those whose speech defect was a result of other physical handicaps, i.e., partial deafness, dysphonia and retarded speech development. These percentages do not include the children from Woodside School.

Children have been referred by head teachers, school medical officers, remedial teachers and from the Child Guidance Centre.

Children have been referred to various specialists, i.e., plastic surgeons, psychiatrists, neurologists, ear, nose and throat specialists, psychologists and remedial teachers.

The number of children on the waiting list at the end of the year was 70.

Woodside Schools for Educationally Sub-normal Pupils:

Number of cases treated	30
Number of children discharged	2
Total number of treatments given	448

From September, 1960 to June, 1961, because of shortage of staff, no treatment was possible. Treatment sessions re-commenced in September, 1961. Two sessions weekly were held until November, when, because of the many children in need of speech therapy, a third session was granted. This meant that two sessions were spent in the Junior School and one session in the Senior School.

Lip-Reading Classes:

Two Lip-Reading Classes were held each week at the Education Sub-Office, Mawdsley Street. Two qualified teachers of the deaf were in charge of the Centre and eighteen partially deaf children attended. These children were ascertained as partially deaf and needing special educational treatment.

During the year the Aural Surgeon carried out a review of all the children who had been recommended for lip-reading classes. Following this review, lip reading was discontinued in four cases, and two girls were admitted to the Thomasson Memorial Special School as partially deaf pupils.

EXAMINATIONS UNDER SECTIONS 34 and 57 OF THE EDUCATION ACT, 1944

Approved medical officers of the authority carried out examinations under the above sections of the Education Act, 1944 of children who were not making satisfactory progress at school. In thirty-nine cases it was recommended that the children be ascertained as educationally sub-normal and that special educational treatment should be provided. In fourteen cases the children were found to be unsuitable for education at school.

One person exercised the right of appealing to the Minister of Education in respect of a child ascertained under Section 57, but the Authority's decision was upheld.

Two parents whose children had been ascertained educationally sub-normal referred the matter to the Minister of Education, but again the Authority's decision was upheld and the children were subsequently admitted to Woodside School.

The children who were found to be unsuitable for education at school were notified to the local health authority. In most cases these children were recommended for training in the Training Centre provided by the local health authority.

ADDITIONAL REPORTS

Physiotherapy:

Ultra-Violet Light Treatment:

Ultra-violet light treatment was continued at the Health Department throughout the year. The number of children attending in 1961 was 109, compared with 83 in 1960.

The conditions for which medical officers recommended children for treatment are shown in the following table:—

Nasal catarrh	21
Frequent colds	20
Bronchial catarrh	1
Recurrent bronchitis	14
Underweight	1
General debility	7
Skin conditions	4
Asthma	6
Frequent coughs	19
General conditions	16
Totals	109

The treatment was given by a qualified physiotherapist.

Breathing Exercises:

The physiotherapist in the Health Department undertook the treatment of five boys and nine girls recommended by school medical officers for breathing exercises.

She attended twice a week at Lostock Open Air School to give ultra-violet light treatment, and she also attended twice a term to instruct the children in breathing exercises and arrange the postural drainage and percussion treatment of the children with bronchiectasis.

Twenty-six children—19 boys and 7 girls—were recommended by the school medical officers for physiotherapy for the following conditions:—

	Boys	Girls
Genu valgum	2	3
Flat feet	10	3
Valgus feet	6	1
Posture	1	–
Totals	19	7

Mortality in School Children:

Fourteen children of school age died during the year. This shows little change from 1960 when fifteen children died.

Four children died from drowning. Two of these children fell from an improvised raft into a mill lodge; another child who was with them managed to scramble ashore. A third child slipped and fell into a canal, and in the fourth case a child was drowned in a lodge and it was not possible to determine the cause of the accident. One child died as a result of a road accident, and one child died during the course of an operation; a verdict of misadventure was returned in this case. The remaining three deaths were due to natural causes.

Health Education:

Cigarette Smoking and Lung Cancer:

The efforts which were made during 1960 to bring to the attention of children in secondary schools the connection between cigarette smoking and lung cancer were continued during 1961. Meetings were held in the Education Department at which policy and future action were discussed with representatives of the teachers. During 1960 leaflets had been distributed to the parents of all children in secondary schools setting out the facts in a brief form, and further supplies of these leaflets were distributed for parents of children reaching secondary school age during 1961. Further posters were distributed to schools during the year, and in order to maintain an adequate supply it was necessary to design special posters and have them printed.

It is difficult to assess the long-term effect of this work but the importance of the problem has been underlined by the issue early in 1962 of the Report of the Royal College of Physicians of London on Smoking in Relation to Cancer of the Lung and Other Diseases. This report did not bring forward anything that was entirely new, but brought together all the available evidence on the relationship between cigarette smoking and lung cancer and gave weight and authority to the already widely held view that there is a causal relationship between the two. One of the minor points in the report which is of interest in relation to health education is that in 1960 approximately £11,000,000 was

spent on advertising cigarettes, tobacco and smokers' requisites. This is almos £3,000,000 more than the amount spent in 1959, and it is interesting to not that while the amount spent on television advertising increased by abou £1,500,000, and the amount spent on press advertising by slightly ove £1,000,000, the amount spent on poster advertising actually declined b £100,000 and the amount spent on cinema advertising by £50,000.

In trying to carry out their duty by placing the facts about smoking an lung cancer before the public, the local authorities are competing with th tobacco manufacturers who find it profitable to spend £11,000,000 a year o advertising. Local authorities are still further handicapped by the fact tha they do not, generally speaking, have access to television advertising and thi is the medium in which the tobacco manufacturers are spending more and mor money. Further, press campaigns which may be run by local authorities ar usually limited to local press, and however useful this may be it undoubtedl does not carry the same weight as a press campaign in the national dailies Local authorities tend to fall back, to a large extent, on poster campaigns an in this medium the expenditure of the tobacco manufacturers appears to b falling.

THE CARE OF CHILDREN ATTENDING NURSERY SCHOOLS NURSERY CLASSES AND SPECIAL SCHOOLS

Nursery Schools:

School medical officers visited nursery schools and classes throughout th year and the school nurse made monthly visits to the nursery schools.

The following are the relevant statistics:—

Kay Street Nursery School:

No. of children on the roll, December 1961	84
No. of children admitted during 1961	5
No. of children transferred to primary schools	7
No. of children removed by parents	2

Pikes Lane Nursery School:

No. of children on the roll, December 1961	96
No. of children admitted during 1961	62
No. of children transferred to primary schools	50
No. of children removed by parents	12

Nursery Classes:

Medical examinations were carried out at the 34 nursery classes at which 950 children were in attendance.

Special Schools:

Monthly visits were paid by school medical officers to Woodside School and weekly visits to Lostock Open Air School. The Consultant Aural Surgeon visits Thomasson Memorial School periodically throughout the year.

Results of Periodic Medical Inspection at Special Schools:

Defect or Disease	Special Schools			
	Woodside (E.S.N.)		Thomasson Memorial (Deaf & Partially Deaf)	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	17	4	5	1
Eyes:				
Defective vision	64	16	23	7
Squint	–	–	10	–
Other	1	–	–	1
Ears:				
Defective hearing	10	23	–	106
Otitis media	6	6	–	3
Other	2	6	–	1
Nose and Throat:				
Nasal catarrh	7	15	2	2
Tonsil and adenoid abnormalities	6	17	11	5
Speech Abnormalities	5	7	–	91
Lymphatic Glands	1	15	–	2
Heart	2	1	–	2
Lungs	5	6	4	3
Developmental:				
Hernia	–	–	–	–
Other	7	11	2	3
Orthopaedic:				
Posture	2	2	1	4
Flat feet	6	2	2	3
Other	1	7	2	2
Nervous System:				
Epilepsy	7	2	–	–
Other	1	–	1	1
Psychological:				
Development	1	190	–	3
Stability	2	6	–	1
Other Defects or Diseases	9	4	5	–
Totals	162	340	68	241

EMPLOYMENT OF CHILDREN

Five hundred and forty-eight children were examined for employment outside school hours. The type of employment was as follows:—

	No. of Children
Newspaper delivery	528
Shop or Store Assistants	10
Milk Delivery	4
Grocers' Assistants	3
Butchers' Assistants	3
Total	548

All the children were passed as being medically fit for employment.

MEDICAL INSPECTION OF PUPILS ATTENDING DIRECT GRANT AND INDEPENDENT GRAMMAR SCHOOLS

School medical officers carry out routine medical inspection of pupils attending one direct grant grammar school and one independent grammar school in the borough. The following table shows the number of pupils inspected and the number found to require treatment.

Age Groups Inspected (by year of birth)	Number of pupils inspected	Pupils found to require treatment		Total individual pupils with defects
		for defective vision (excluding squint)	for other conditions	
1956 and later	5	–	–	–
1955	12	–	–	–
1954	4	–	–	–
1953	–	–	–	–
1952	2	–	1	1
1951	4	–	–	–
1950	3	–	–	–
1949	18	6	2	8
1948	12	2	4	5
1947	3	1	–	1
1946 and earlier	147	49	21	62
TOTALS ..	210	58	28	77